


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000001310**

1. Entity Name  
**LIFE CHANGERS ACADEMY, INC.**



Principal Place of Business <b>4900 DONOVAN ST ORLANDO, FL 32808</b>	Mailing Address <b>4900 DONOVAN ST ORLANDO, FL 32808</b>
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**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-4246328</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**IRVIN, GWENDOLYN M  
7116 CORAL COVE DR  
ORLANDO, FL 32818**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IRVIN, GWENDOLYN M 7116 CORAL COVE DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EVANS, BETTY 2942 WILLOW BEND ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVIN, MAMIE 1162 CORETTA WAY ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/12/08-80084-015 70.00

**DO NOT WRITE  
IN THIS SPACE**

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gwendolyn Irvin* **Gwendolyn Irvin** **1/30/08** **407-291-8227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #