

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 05, 2009  
Secretary of State**

DOCUMENT# N06000001310

Entity Name: LIFE CHANGERS ACADEMY, INC.

**Current Principal Place of Business:**

4900 DONOVAN ST  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

4900 DONOVAN ST  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 20-4246328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: IRVIN, GWENDOLYN M  
Address: 7116 CORAL COVE DR  
City-St-Zip: ORLANDO, FL 32818

Title: DS      (X) Delete  
Name: EVANS, BETTY  
Address: 2942 WILLOW BEND ROAD  
City-St-Zip: ORLANDO, FL 32808

Title: D      ( ) Delete  
Name: IRVIN, MAMIE  
Address: 1162 CORETTA WAY  
City-St-Zip: ORLANDO, FL 32805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: IRVIN, MAMIE  
Address: 1162 CORETTA WAY  
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN IRVIN

P

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date