

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90049 042 ****70.00

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1. Entity Name

LIFE FULFILLMENT CHURCH, INC



Principal Place of Business

Mailing Address

1601 MORLEY ST. SE
PALM BAY FL 32909

1601 MORLEY ST. SE
PALM BAY FL 32909

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5243053

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'MEALLY, COLIN G
1601 MORLEY ST. SE
PALM BAY FL 32909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Colin G. O'Meally, Pres.

04/23/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: O'MEALLY, COLIN G
STREET ADDRESS: 1601 MORLEY ST. SE
CITY-ST-ZIP: PALM BAY FL 32909

TITLE: D ☐ Delete
NAME: O'MEALLY, JOYCE E
STREET ADDRESS: 1601 MORLEY ST. SE
CITY-ST-ZIP: PALM BAY FL 32909

TITLE: D ☐ Delete
NAME: O'MEALLY, PHILLIP M
STREET ADDRESS: 1601 MORLEY ST. SE
CITY-ST-ZIP: PALM BAY FL 32909

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: *D/P/T* ☒ Change ☐ Addition
NAME: *COLIN G. O'Meally*
STREET ADDRESS: *1601 Morley St. S.E.*
CITY-ST-ZIP: *PALM BAY FL. 32909*
STtle change only

TITLE: *S/D* ☒ Change ☐ Addition
NAME: *JOYCE O'Meally*
STREET ADDRESS: *1601 Morley Street, S.E.*
CITY-ST-ZIP: *Palm Bay, FL. 32909*
Ttle change only

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Colin G. O'Meally, D/P/T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/07

Date

321 652 9139

Daytime Phone #