

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2008
Secretary of State**

DOCUMENT# N06000009499

Entity Name: LIFE CHANGERS FELLOWSHIP, INC.

Current Principal Place of Business:

474 N PINE MEADOW DR
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

474 N PINE MEADOW DR
DEBARY, FL 32713

New Mailing Address:

FEI Number: 35-2278420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, LASHALONDA D
229 KETTERING RD
DELTONA, FL 32725 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: C () Delete
Name: JENKINS, ALTON
Address: P O BOX 622
City-St-Zip: SANFORD, FL 32772

Title: VCT () Delete
Name: JENKINS, SABRINA
Address: P O BOX 622
City-St-Zip: SANFORD, FL 32772

Title: S () Delete
Name: ROBINSON, LASHALONDA D
Address: 229 KETTERING RD
City-St-Zip: DELTONA, FL 32725

Title: D () Delete
Name: EUDELL, AL
Address: 1708 FOUNTAINHEAD DR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: EUDELL, ANNETTE
Address: 1708 FOUNTAINHEAD DR
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: STARLING, JULIA
Address: 14104 STONEBROOK DR
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: JENKINS, ALTON SR
Address: P O BOX 622
City-St-Zip: SANFORD, FL 32772

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

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

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

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

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: ALTON JENKINS SR.

C

03/17/2008

Electronic Signature of Signing Officer or Director

Date