

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009499

FILED
May 26, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 SR
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: () 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:

Title: D (X) Change () Addition
Name: STARLING, JULIA
Address: 107 ELISSAR DR.
City-St-Zip: DEBARY, FL 32713

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: SABRINA JENKINS

VCP

05/26/2009

Electronic Signature of Signing Officer or Director

Date