

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009499

FILED
Apr 17, 2012
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 ()

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
Name: JENKINS, ALTON SR
Address: P O BOX 622
City-St-Zip: SANFORD, FL 32772

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

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

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

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

Title: D
Name: STARLING, JULIA
Address: 107 ELISSAR DR.
City-St-Zip: DEBARY, FL 32713

I hereby 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 all other like empowered.

SIGNATURE: SABRINA JENKINS

VCT

04/17/2012

Electronic Signature of Signing Officer or Director

Date