

**2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Dec 05, 2008  
Secretary of State**

DOCUMENT# N06000009818

Entity Name: OPERATION LIFE CHANGERS, INC.

**Current Principal Place of Business:**

9339 WOODRUN RD  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10357  
PENSACOLA, FL 32524

**New Mailing Address:**

FEI Number: 20-5366719      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:**

LEAL, KAREN  
9339 WOODRUN RD  
PENSACOLA, FL 32514      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: KAREN LEAL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DODSON, GEORGE  
Address: 3125 LOGAN DR  
City-St-Zip: PENSACOLA, FL 32504

Title: VPD      ( ) Delete  
Name: LEAL, KAREN  
Address: 9339 WOODRUN RD  
City-St-Zip: PENSACOLA, FL 32514

Title: STD      ( ) Delete  
Name: BURKE, SUSAN  
Address: 1257 TALLPINES TRL  
City-St-Zip: GULF BREEZE, FL 32561

Title: D      ( ) Delete  
Name: MANCHAC, KEN  
Address: PO BOX 775668  
City-St-Zip: STEAM BOAT SPRINGS, CO 80477

**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:

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: GEORGE DODSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

12/05/2008

\_\_\_\_\_  
Date