2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
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:

9339 WOODRUN RD
PENSACOLA, FL 32514

FEI Number: 20-5366719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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: _____
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: KARENLEAL VP 05/04/2009
Electronic Signature of Signing Officer or Director — Date