

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 12, 2008
Secretary of State

DOCUMENT# N06000010003

Entity Name: LCHA, INC.

Current Principal Place of Business:11831 BAYSHORE ROAD
NORTH FORT MYERS, FL 33917**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 314
FT. MYERS, FL 33902**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:COLLINS, SCARLETT R
1116 NW 24TH AVE
CAPE CORAL, FL 33993 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: P () Delete
Name: LODGE, TERRI
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902Title: VP () Delete
Name: KALIL, MICHAEL
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902Title: S () Delete
Name: GREENHILL, BETH
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902Title: T () Delete
Name: HALL, JANE
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: KALIL, MICHAEL
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902Title: VP (X) Change () Addition
Name: JOHNSON, HELEN
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902Title: S (X) Change () Addition
Name: HALL, JANE
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902Title: T (X) Change () Addition
Name: COLLINS, SCARLETT
Address: P.O. BOX 314
City-St-Zip: FT. MYERS, FL 33902

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: SCARLETT R COLLINS

T

09/12/2008

Electronic Signature of Signing Officer or Director

Date