

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002001

FILED  
May 19, 2008  
Secretary of State

**Entity Name:** LIFE CHANGING MINISTRIES OF PENSACOLA, INC.

**Current Principal Place of Business:**

805 BEVERLY PARKWAY  
PENSACOLA, FL 32505 US

**New Principal Place of Business:**

**Current Mailing Address:**

805 BEVERLY PARKWAY  
PENSACOLA, FL 32505 US

**New Mailing Address:**

**FEI Number:** 20-8550003 **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:**

KING, JAMES W JR  
945 W MICHIGAN AVE  
5B  
PENSACOLA, FL 32505 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: FRAY, EDDIE  
Address: 911 CATERPILLAR LANE  
City-St-Zip: CANTONMENT, FL 32533 US

Title: VP ( ) Delete  
Name: FRAY, CYNTHIA  
Address: 911 CATERPILLAR LANE  
City-St-Zip: CANTONMENT, FL 32533 US

Title: TRE ( ) Delete  
Name: REAVES, KENNETH  
Address: 805 BEVERLY PARKWAY  
City-St-Zip: PENSACOLA, FL 32505 US

Title: SEC ( ) Delete  
Name: REAVES, TRACI  
Address: 805 BEVERLY PARKWAY  
City-St-Zip: PENSACOLA, FL 32505 US

**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: CYNTHIA FRAY

VP

05/19/2008

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

\_\_\_\_\_  
Date