

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004360

FILED
May 09, 2008
Secretary of State

Entity Name: LIFE CHANGING ANOINTING, INC.

Current Principal Place of Business:

5745 S.W. 18 STREET
HOLLYWOOD, FL 33023

New Principal Place of Business:

6306 PEMBROKE ROAD
MIRAMAR, FL 33023

Current Mailing Address:

5745 S.W. 18 STREET
HOLLYWOOD, FL 33023

New Mailing Address:

20475 SW 5TH STREET
PEMBROKE PINES, FL 33029

FEI Number: 11-3815025 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:

BROWN, DELPHA L
5745 S.W. 18 STREET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

BROWN, DELPHA L
20475 SW 5TH STREET
PEMBROKE PINES, FL 33029 US

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: DELPHA L BROWN

05/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BROWN, DELPHA L
Address: 5745 S.W. 18 STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: DV () Delete
Name: CLARKE, DELERICE L
Address: 5745 S.W. 18 STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: DT () Delete
Name: DAVIS, JOYCELYN
Address: 5745 S.W. 18 STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: DS () Delete
Name: FIELDS, TAMARA
Address: 5745 S.W. 18 STREET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BROWN, DELPHA L
Address: 20475 SW 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DV (X) Change () Addition
Name: CLARKE, DELERICE L
Address: 20475 SW 5 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT (X) Change () Addition
Name: DAVIS, JOYCELYN
Address: 21050 NW 14TH PLACE #210
City-St-Zip: MIAMI, FL 33169

Title: DS (X) Change () Addition
Name: FIELDS, TAMARA
Address: 517 NW 101 STREET
City-St-Zip: MIAMI, FL 33150

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: DELPHA L BROWN

APS

05/09/2008

Electronic Signature of Signing Officer or Director

Date