2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006605

FILED Apr 26, 2009 Secretary of State

Entity Name: THE LIFE CHANGERS CHRISTIAN CENTER INC.

Current Principal Place of Business: New Principal Place of Business:

129 NEW WARRINGTON RD PENSACOLA, FL 32506

Current Mailing Address: New Mailing Address:

5350 PRIETO DRIVE 129 NEW WARRINGTON RD PENSACOLA, FL 32506 PENSACOLA, FL 32506

FEI Number: 26-0464182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AHAB, CLARK
5350 PRIETO DRIVE
PENSACOLA, FL 32506 US

AHAB, CLARK
6048 TOULOUSE DRIVE
PENSACOLA, FL 32505 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: AHAB CLARK 04/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CLARK, AHAB Name: CLARK, AHAB

 Name:
 CLARK, AHAB
 Name:
 CLARK, AHAB

 Address:
 5350 PRIETO DRIVE
 Address:
 6048 TOULOUSE DRIVE

 City-St-Zip:
 PENSACOLA, FL 32506
 City-St-Zip:
 PENSACOLA, FL 32505

Title: VP () Delete Title: VP (X) Change () Addition Name: CLARK, LATONYA T Name: CLARK, LATONYA T

Address: 5350 PRIETO DRIVE Address: 6048 TOULOUSE DRIVE
City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: PENSACOLA, FL 32505

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf S} \qquad {\sf (X) Change () Addition}$

 Name:
 BRITT, HENRIETTA
 Name:
 BRITT, HENRIETTA

 Address:
 719 WOODLAND DRIVE
 Address:
 719 WOODLAND DRIVE

 City-St-Zip:
 PENSACOLA, FL 32506
 City-St-Zip:
 PENSACOLA, FL 32503

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: AHAB CLARK P 04/26/2009