

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003390

FILED
Apr 21, 2009
Secretary of State

Entity Name: OPERATION CHANGING LIVES, INC.

Current Principal Place of Business:

549 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

549 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 26-2348614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX ST.
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE1200
JACKSONVILLE, FL 32202 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: G. RAY DRIVER, JR., P

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AKERS, JOHN
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: SCHALIT, CURTIS J.
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: SCHALIT, MARIA
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: AKERS, JOHN
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DV (X) Change () Addition
Name: SCHALIT, CURTIS J
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DS (X) Change () Addition
Name: SCHALIT, MARIA
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

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: JOHN AKERS

DPT

04/21/2009

Electronic Signature of Signing Officer or Director

Date