

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006280

FILED
Jan 22, 2009
Secretary of State

Entity Name: LIFE CHANGING INTERNATIONAL MINISTRY INC.

Current Principal Place of Business:

312 CRAYFORD PLACE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

312 CRAYFORD PLACE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 41-2280623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, AILEEN
312 CRAYFORD PLACE
VALRICO, FL 33594 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: PEREZ, ANTHONY
Address: 312 CRAYFORD PLACE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: PEREZ, AILEEN
Address: 312 CRAYFORD PLACE
City-St-Zip: VALRICO, FL 33594

Title: S () Delete
Name: OCASIO, APRIL L
Address: 6018 PORTSDALE PLACE, APT. #102
City-St-Zip: RIVERVIEW, FL 33578

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: PEREZ, AILEEN
Address: 312 CRAYFORD PLACE
City-St-Zip: VALRICO, FL 33594

Title: S (X) Change () Addition
Name: OCASIO, APRIL L
Address: 6018 PORTSDALE PLACE APT#102
City-St-Zip: RIVERVIEW, FL 33578

Title: T (X) Change () Addition
Name: OCASIO, OLGA L
Address: 6018 PORTSDALE PLACE, APT. #102
City-St-Zip: RIVERVIEW, FL 33578

Title: D () Change (X) Addition
Name: YEARWOOD, SHIRLEY
Address: 10305 FRON POND DRIVE
City-St-Zip: RIVERVIEW, FL 33594

Title: P () Change (X) Addition
Name: PEREZ, ANTHONY
Address: 312 CRAYFORD PLACE
City-St-Zip: VALRICO, FL 33594

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: AILEEN PEREZ

VP

01/22/2009

Electronic Signature of Signing Officer or Director

Date