

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009951

FILED
Apr 08, 2009
Secretary of State

Entity Name: LIFE CHANGERS MINISTRIES INTERNATIONAL INC

Current Principal Place of Business:

40 WEST NINE MILE ROAD
112
PENSACOLA, FL 32534

New Principal Place of Business:

4771 BAYOU BLVD
160
PENSACOLA, FL 32504

Current Mailing Address:

40 WEST NINE MILE ROAD
112
PENSACOLA, FL 32534

New Mailing Address:

4771 BAYOU BLVD
160
PENSACOLA, FL 32504

FEI Number: 26-3600330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, VINNIE R
2215 DOVEFIELD DR
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

WILLIAMS, VINNIE R
5967 HERMITAGE DR
PENSACOLA, FL 32504 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:

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, THADDEUS M SR
Address: 2215 DOVEFIELD DR
City-St-Zip: PENSACOLA, FL 32534

Title: VP () Delete
Name: WILLIAMS, VINNIE R
Address: 2215 DOVEFIELD DR
City-St-Zip: PENSACOLA, FL 32534

Title: SEC () Delete
Name: WILLIAMS, TARYN O
Address: 2215 DOVEFIELD DR
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, THADDEUS M SR
Address: 5967 HERMITAGE DR
City-St-Zip: PENSACOLA, FL 32504

Title: VP (X) Change () Addition
Name: WILLIAMS, VINNIE R
Address: 5967 HERMITAGE DR
City-St-Zip: PENSACOLA, FL 32504

Title: SEC (X) Change () Addition
Name: WILLIAMS, TARYN O
Address: 5967 HERMITAGE DR
City-St-Zip: PENSACOLA, FL 32504

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: VINNIE WILLIAMS

MRS

04/08/2009

Electronic Signature of Signing Officer or Director

Date