

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004253

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** 50 DAYS OF FITNESS MINISTRIES, INC.

**Current Principal Place of Business:**

900 NORTH STREET  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

900 NORTH STREET  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 27-2940631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMPHERE, TODD  
900 NORTH STREET  
LONGWOOD, FL 32750 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: D  
Name: LAMPHERE, TODD  
Address: 900 NORTH STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: FIELDS, RICHARD E  
Address: 900 NORTH STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: BALLOU, JEFF  
Address: 900 NORTH STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: RAMSEUR, FRANK  
Address: 900 NORTH STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: D  
Name: SUMNER, GREG  
Address: 900 NORTH STREET  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: RICHARD E FIELDS

D

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date