


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90081 027 ****70.00

DOCUMENT # N33350	
1. Entity Name LORD OF LIFE EVANGELICAL LUTHERAN CHURCH, INC.	

Principal Place of Business 2104 MUD LAKE ROAD PLANT CITY, FL 33567	Mailing Address 2104 MUD LAKE RD PLANT CITY, FL 33567 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01152006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2954867	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARMAGOST, DONALD J 2910 ASTON AVE PLANT CITY, FL 33567	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P GRAY, ALLEN 1905 CAZZIAGE CT PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D DUKES, TIM 3352 SILVER MOON DRIVE PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TD ARMAGOST, DONALD 2910 ASTON AVE PLANT CITY, FL 335677243	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D HARTMAN, JOE 2906 PINE CLUB DRIVE PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
D PLUMMER, JOYCE 1204 W REYNOLDS #104 PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VPD GRIFFIN, JANICE 2912 CLUBHOUSE DR PLANT CITY, FL 33566	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
GRAY, ALLEN	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DUKES, TIM	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP MACLEOD, MILLIE 3333 MICHENER PLACE PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP MACLEOD, MILLIE 3333 MICHENER PLACE PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP MACLEOD, MILLIE 3333 MICHENER PLACE PLANT CITY, FL 33566	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP MACLEOD, MILLIE 3333 MICHENER PLACE PLANT CITY, FL 33566	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald J Armagost* **Donald J Armagost** **1-17-06** **813-752-6064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #