2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43151

Entity Name: REALIFE COMMUNITY CHURCH, INC.

FILED Jul 21, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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815 S. CENTRAL AVENUE LAKELAND, FL 33815 US

Current Mailing Address: New Mailing Address:

815 S. CENTRAL AVENUE LAKELAND, FL 33815 US

FEI Number: 59-0722782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCLEOD, JAMES 2602 TENNESSEE ROAD LAKELAND, FL 33815 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: VP (X) Change () Addition Name: MCLEOD, JAMES, Name: MCLEOD, JAMES,

Address: 2602 TENNESSEE ROAD Address: 2602 TENNESSEE ROAD

City-St-Zip: LAKELAND, FL City-St-Zip: LAKELAND, FL

Title: D () Delete Title: PRES (X) Change () Addition

 Name:
 SANDERS, HOMER C,
 Name:
 CARLTON, ROBERT L

 Address:
 125 W CARTER ROAD
 Address:
 6817 ESTATE RD

 City-St-Zip:
 LAKELAND, FL
 City-St-Zip:
 LAKELAND, FL 33810

Title: D () Delete Title: () Change () Addition

 Name:
 EDENFIELD, W. H.,
 Name:

 Address:
 6813 RANCH ROAD
 Address:

 City-St-Zip:
 LAKELAND, FL
 City-St-Zip:

 Name:
 SINGLETARY, L.W.,
 Name:
 WINDELL, TIDWELL

 Address:
 4815 DUNN ROAD
 Address:
 512 SHADY LANE

 City-St-Zip:
 LAKELAND, FL
 City-St-Zip:
 LAKELAND, FL
 33803

Title: O () Delete Title: SEC (X) Change () Addition

 Name:
 MOHLER, ANN
 Name:
 DINGWELL, KATHERINE L

 Address:
 3102 E SPARKMAN RD
 Address:
 5633 ANNETTE ST.

 City-St-Zip:
 PLANT CITY, FL 33566
 City-St-Zip:
 LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT L CARLTON PRES 07/21/2004