


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90015 028 ****70.00

DOCUMENT # N94000002164

1. Entity Name
 LIFE CHURCH INC.



Principal Place of Business
 5250 E SPENCER FIELD RD
 PACE, FL 32571 US

Mailing Address
 5250 E SPENCER FIELD RD
 PACE, FL 32571 US

54065125



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 2160 CREIGHTON RD
 Suite, Apt. #, etc.
 City & State
 PENSACOLA, FL
 Zip
 32571

Country
 US

Country
 SANTA ROSA

07262004 Chg-NP CR2E037 (10/03)

4. FEI Number
 46-0510412

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

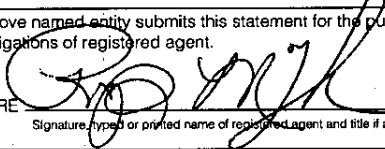
6. Name and Address of Current Registered Agent

MCGRAW, ROGER SR
 5370 WINDHAM RD
 MILTON, FL 32570

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 5347 WINDHAM RD
 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  PASTOR/PRESIDENT
 ROGER MCGRAW, SR

DATE
 26 Jul 04

Signature (typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

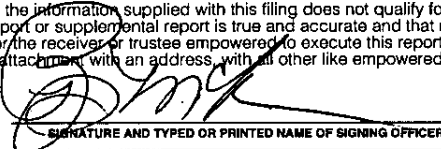
10. OFFICERS AND DIRECTORS

TITLE	PMD	<input type="checkbox"/> Delete
NAME	MCGRAW, ROGER	
STREET ADDRESS	5370 WINDHAM RD	
CITY-ST-ZIP	MILTON, FL 32570	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNSFORD, CHARLES R	
STREET ADDRESS	4431 PACE LANE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAL, KENNETH	
STREET ADDRESS	4411 PACE LANE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5347 WINDHAM RD	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  PASTOR/PRESIDENT
 ROGER MCGRAW, SR

DATE
 26 Jul 04

DAYTIME PHONE #
 850-476-3745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #