
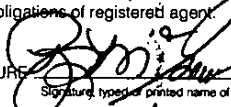
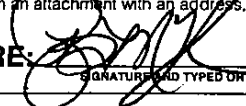


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2005 8:00 am**  
**Secretary of State**

06-06-2005 90006 022 \*\*\*\*70.00

<b>DOCUMENT # N94000002164</b> 1. Entity Name <b>LIFE CHURCH INC.</b>					
Principal Place of Business <b>5250 E SPENCER FIELD RD PACE, FL 32571 US</b>			Mailing Address <b>2160 CREIGHTON RD PACE, FL 32571 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State 			City & State <b>PENSACOLA, FL</b>		
Zip 		Country 		Zip <b>32504</b>	
Country 		Country <b>ESCAMBIA</b>		4. FEI Number <b>46-0510412</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCGRAW, ROGER SR 5347 WINDHAM RD MILTON, FL 32570</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>ROGER MCGRAW PRESIDENT/MANAGING DIRECTOR</b> <b>3 JUN 05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PMD MCGRAW, ROGER <input type="checkbox"/> Delete 5347 WINDHAM RD MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUNSFORD, CHARLES R <input checked="" type="checkbox"/> Delete 4431 PACE LANE PACE, FL 32571				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEAL, KENNETH <input checked="" type="checkbox"/> Delete 4411 PACE LANE PACE, FL 32571				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MYRA MCGRAW <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5347 WINDHAM RD MILTON, FL 32570				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS M.E. FLEMING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2160 CREIGHTON RD PENSACOLA, FL 32504				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.  <b>SIGNATURE:  ROGER MCGRAW MANAGING DIRECTOR 3 JUN 05 850-476-3745</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					