

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004443

FILED  
Apr 12, 2008  
Secretary of State

**Entity Name:** LIFE CHANGING MINISTRIES A.F.H. INC.

**Current Principal Place of Business:**

2601 N. HAYNES ST.  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

2601 N. HAYNES ST.  
PENSACOLA, FL 32501

**New Mailing Address:**

**FEI Number:** 59-3262096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HODGES, HAROLD OVER  
8541 MACK STREET  
PENSACOLA, FL 32514 US

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

HODGES, HAROLD APOSTLE  
8541 MACK STREET  
PENSACOLA, FL 32514 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: OVERSEER H.L HODGES

04/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GIDEON, JESSIE  
Address: 3807 KELLY AVE  
City-St-Zip: PENSACOLA, FL 32505

Title: P ( ) Delete  
Name: HODGES, HAROLD  
Address: 8541 MACK ST  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: HODGES, BARBARA EVANG  
Address: 8541 MACK ST  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: BETTY GILMORE,  
Address: 3807 KELLY AVE  
City-St-Zip: PENSACOLA, FL 32505

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: T (X) Change ( ) Addition  
Name: PRYEAR, VALIRIE  
Address: 3807 KELLY AVE  
City-St-Zip: PENSACOLA, FL 32505

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KEYONA HODGES,  
Address: 8541 MACK STREET  
City-St-Zip: PENSACOLA, FL 32505

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: OVERSEER H.L.HODGES

P

04/12/2008

Electronic Signature of Signing Officer or Director

Date