2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000881

FILED Apr 30, 2008 Secretary of State

Entity Name: LIVING FAITH CHRISTIAN CENTER, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1492 OAKI NICEVILLE	MONT E, FL 32578				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 5	074-BWB				
	E, FL 32578	US			
FEI Number:	: 59-3260812	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
	ER, RICHARI) L			
1492 OAKI NICEVILLE	MONT PL E, FL 32578	US			
in the State SIGNATUF		onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P/D (BUESINGER, 1492 OAKMO NICEVILLE, F	NT PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V/D (BUESINGER, 12 TRA-LIN R ALTON, IL 62	IDGE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/D (LAPOINTE, T/ 327 OHIO AVI VALPARAISO	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BROWN, JER 112 MARGEA	UX DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (BUESINGER, 1492 OAKMO NICEVILLE, F	NT PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BUESINGER,) Delete RICHARD L JR JRN CROSSING	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RICHARD L BUESINGER P/D 04/30/2008