


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N95000001509	
1. Entity Name THE LORD'S SENTINEL FELLOWSHIP CHURCH INC.	

Principal Place of Business 219 INTERLAKE BOULEVARD LAKE PLACID, FL 33852	Mailing Address P.O. BOX 44 LAKE PLACID, FL 33862
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04022008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3305540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOLSOM, JUANITA
219 INTERLAKE BOULEVARD
LAKE PLACID, FL 33852

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000883980 04/17/08 00024 020 51.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOLSOM, JUANITA C/O POST OFFICE BOX 44 N/A LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORRIS, TONY C/O POST OFFICE BOX 44 N/A LAKE PLACID, FL 33862
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DALRYMPLE, CAROL 1450 MAINE AVENUE FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BEXLEY, GINA 1146 WINTERGREEN ST. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gina Bexley, Treasurer 4/2/08 (863) 465-4012

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