2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 25, 2006 8:00 am DOCUMENT # N95000002354 **Secretary of State** 07-25-2006 90029 004 ****61.25 LIFE CHANGING MINISTRIES / UNITED CHURCH IN CHRIST INC. Principal Place of Business Mailing Address 715 CORNELIA AVENUE P.O BOX 91123 LAKELAND FL 33804 LAKELAND FL 33815 2. Principal Place of Business 7/5 Cornelia Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) Applied For 4. FEI Number 59-3314863 Not Applicable Polt \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREWS, BISHOP WILBERT Street Address (P.O. Box Number is Not Acceptable) 1222 W 8TH STREET LAKELAND FL 33805 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 1006 SIGNATURE egistéred agent and title il applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW: FEE IS \$61.25. Make Check Payable to -9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Added to Fees Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete Addition ANDREWS, WILBERT A NAME NAME 1222 W 8TH STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-7IP Ď Addition Delete TITLE TITLE Change WILLIAMS, FAUSTINA M Andrews, Paustina M. NAME MAME 1222 W. 8th Street 1222 W 8TH STREET STREET ADDRESS STREET ADDRESS akeland Florida 33805 LAKELAND FL 33805 CITY S1 ZIP CITY-ST-ZIP Delete IBLE ☐ Change Addition Williams Angelica D. WILLIAMS, ANGELINA D NAME NAME 1222 W. SH Street 1222 W 8TH STREET STREET ADDRESS STREET ADDRESS LAKELAND FL 33805 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete Change Addition TITLE TUDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 empor

SIGNATURE

FILED

7/21/2006 (863)802-4536