


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90134 019 *****61.25

DOCUMENT # N97000005132	
1. Entity Name LIFE IN CHRIST MINISTRIES U.S.A., INC.	

Principal Place of Business 4444 US HWY. 98 N #458 LAKELAND FL 33809	Mailing Address 4444 US HWY. 98 N #458 LAKELAND FL 33809
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 233 CHILMARK RG. RD. Suite, Apt. #, etc.
City & State	City & State HOLLY SPRINGS, NC
Zip 37540	Country WAKE



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0779084		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LADNER, DAVID LEON 4444 US HWY 98 N #458 LAKELAND FL 33809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADNER, DAVID L 4444 US HWY 98 N, #458 LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	LADNER, DAVID L. 233 CHILMARK RG. RD. HOLLY SPRINGS, NC. 27540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADNER, BETTY 4444 US HWY. 98 N, #458 LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	LADNER, BETTY 233 CHILMARK RG. RD. HOLLY SPRINGS, NC 27540 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, SUSETTE P.O. BOX 418 PUNTA GORDA FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADNER, DWAYNE 4355 CORPORATE BLVD., #122 LAKELAND FL 33809 <input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LADNER, DWAYNE P.O. BOX 1276 KNIGHTDALE, NC. 27545 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISS, PATRICIA E 359 S MCMULLEN, BOOTH RD., #124 CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE:  **DAVID L. LADNER** 4-20-05 919 366-1516

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