

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90032 001 ****61.25

04-06-2006 90032 002 *****8.75

DOCUMENT # N97000005132

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



Principal Place of Business
~~4444 US HWY 98 N~~
~~#450~~
~~LAKELAND, FL 33809~~

Mailing Address
~~233 CHILMARK RD RD~~
~~HOLLY SPRINGS, NC 27540~~

2. Principal Place of Business
359 S. MCMULLEN BOOTH
Suite, Apt. #, etc.
RD. #124

3. Mailing Address
4798 PORT LOOP RD. SE
Suite, Apt. #, etc.

City & State
CLEARWATER, FL.
Zip
33759
Country
PINELLAS

City & State
SOUTHPORT, NC.
Zip
28461
Country
BRUNSWICK

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0779084

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LADNER, DAVID LEON
~~4444 US HWY 98 N~~
~~#450~~
~~LAKELAND, FL 33809~~

7. Name and Address of New Registered Agent

Name **BLISS, PATRICIA E.**
Street Address (P.O. Box Number is Not Acceptable)
359 S. MCMULLEN BOOTH RD. #124
City **CLEARWATER** **FL** Zip Code **33759**

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 *Patricia E. Bliss*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

4/3/2006
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LADNER, DAVID L | |
| STREET ADDRESS | 233 CHILMARK RD RD | |
| CITY-ST-ZIP | HOLLY SPRINGS, NC 27540 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | LADNER, BETTY | |
| STREET ADDRESS | 233 CHILMARK RD RD | |
| CITY-ST-ZIP | HOLLY SPRINGS, NC 27540 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LADNER, DWAYNE | |
| STREET ADDRESS | P.O. BOX 1276 | |
| CITY-ST-ZIP | KNIGHTDALE, NC 27545 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLISS, PATRICIA E | |
| STREET ADDRESS | 359 S. MCMULLEN, BOOTH RD. #124 | |
| CITY-ST-ZIP | CLEARWATER, FL 33759 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LADNER, DAVID L. | |
| STREET ADDRESS | 4798 PORT LOOP RD SE | |
| CITY-ST-ZIP | SOUTHPORT, NC., 28461 | |
| TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BETTY, LADNER | |
| STREET ADDRESS | 4798 PORT LOOP RD, SE. | |
| CITY-ST-ZIP | SOUTHPORT, NC., 28461 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LADNER, DWAYNE | |
| STREET ADDRESS | 4908 ROLESVILLE RD. | |
| CITY-ST-ZIP | KNIGHTDALE, NC., 27545 | |
| TITLE | REG. AG. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLISS, PATRICIA E | |
| STREET ADDRESS | 359 S. MCMULLEN, BOOTH | |
| CITY-ST-ZIP | RD. #124 CLEARWATER, FL, 33759 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 empowered.

SIGNATURE:

Patricia E. Bliss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06 910-457-9338

Date

Daytime Phone #