


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000005132 1. Entity Name LIFE IN CHRIST MINISTRIES U.S.A., INC.	
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Principal Place of Business 359 S MCMULLEN BOOTH RD. #124 CLEARWATER, FL 33759	Mailing Address 4798 PORT LOOP RD, SE SOUTHPORT, NC 28461
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04062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0779084	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

BLISS, PATRICIA E
359 S MCMULLEN BOOTH RD #124
CLEARWATER, FL 33759

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADNER, DAVID L 4798 PORT LOOP RD SE SOUTHPORT, NC 28461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LADNER, BETTY 4798 PORT LOOP RD SE SOUTHPORT, NC 28461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADNER, DWAYNE 4908 ROLESVILLE RD KNIGHTDALE, NC 27545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLISS, PATRICIA E 359 S MCMULLEN BOOTH RD #124 CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000705497
04/23/07-80055-014 61.25

U00000705497
04/23/07-80055-015 8.75

**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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-07 910-457-9338