


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90054 001 ****61.25
03-06-2008 90054 002 *****8.75

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 <i>NEW</i>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 4908 ROLESVILLE RD. Suite, Apt. #, etc.
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City & State KNIGHTDALE, NC.	City & State KNIGHTDALE, NC.
Zip 27545	Country WAKE

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0779084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	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 4798 PORT LOOP RD SE SOUTHPORT, NC 28461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LADNER, DAVID L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4908 ROLESVILLE RD. KNIGHTDALE, NC 27545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LADNER, BETTY 4798 PORT LOOP RD SE SOUTHPORT, NC 28461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LADNER, BETTY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4908 ROLESVILLE RD. KNIGHTDALE, NC. 27545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LADNER, DWAYNE 4908 ROLESVILLE RD KNIGHTDALE, NC 27545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LADNER, DWAYNE A. <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
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 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: DAVID L. LADNER *[Signature]* **3-1-08** **919-365-2960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #