

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000623

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: LIFEBRIDGE CHURCH, INC.

## Current Principal Place of Business:

P. O. BOX 3366  
PENSACOLA, FL 32516

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3366  
PENSACOLA, FL 32516

## New Mailing Address:

FEI Number: 59-3541774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOWELL, ROBERT M  
7604 HARVEY STREET  
PENSACOLA, FL 32506 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOWELL, ROBERT M  
Address: 7604 HARVEY STREET  
City-St-Zip: PENSACOLA, FL 32506

Title: T ( ) Delete  
Name: WILLIAMSON, DAVID  
Address: 3036 TURNER'S MEADOW ROAD  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: LASSETER, GLENN  
Address: 3538 DELOACH ST  
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Delete  
Name: HAIGLER, JOE  
Address: 6257 CONFEDERATE DR.  
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Delete  
Name: LOLLAR, BILL  
Address: 7606 HARVET ST  
City-St-Zip: PENSACOLA, FL 32506

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HAIGLER, JOE  
Address: 6257 CONFEDERATE DR.  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. HOWELL

P

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date