## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000000623

6257 CONFEDERATE DR.

PENSACOLA, FL 32514

Address:

City-St-Zip:

FILED Apr 26, 2009 Secretary of State

| Entity Na   | me: LIFEBRI  | OGE CHURCH, INC.               |   |   |  |
|---|--|--------------------------------|---|---|--|
| Current Principal Place of Business:              |  |                                | New Principal Place                         | New Principal Place of Business:            |  |
| 2400 MICHIGAN AVENUE<br>26<br>PENSACOLA, FL 32526 |  |                                |   | 7604 HARVEY STREET<br>PENSACOLA, FL 32506   |  |
| Current N   | lailing Addre  | ss:                            | New Mailing Addres                          | New Mailing Address:                        |  |
| P.O. BOX<br>PENSACO                               | 3366<br>DLA, FL 32516  | 3                              |   |   |  |
| FEI Number  | : 59-3541774   | FEI Number Applied For ( )     | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )           |  |
| Name and  | d Address of (   | Current Registered Agent:      | Name and Address of                         | of New Registered Agent:                    |  |
| 7604 HAR<br>PENSACC<br>The above                  | ROBERT M VEY STREET DLA, FL 32506 e named entity e of Florida. |                                | purpose of changing its registere           | d office or registered agent, or both,      |  |
| SIGNATUI  |  |                                |   |   |  |
| SIGNATO   |  | nic Signature of Registered Ac | gent  | <br>Date                                    |  |
| OFFICERS AND DIRECTORS:                           |  |                                | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | P (<br>HOWELL, ROE<br>7604 HARVEY<br>PENSACOLA,                | STREET                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | WILLIAMSON,  | 'S MEADOW ROAD                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                       |  |
| Title:<br>Name:                                   | D (<br>HAIGLER, JOE  | ) Delete                       | Title:<br>Name:                             | ( ) Change ( ) Addition                     |  |

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT M. HOWELL PRES 04/26/2009