

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90071 047 \*\*\*\*70.00

<b>DOCUMENT # N99000005434</b>					
1. Entity Name LIFELINE COMMUNITY CHURCH INC. OF CENTRAL FLORIDA					
Principal Place of Business 15096 NW 25A REDDICK, FL 32686		Mailing Address P O BOX 100 REDDICK, FL 32686		00001228	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02262008 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number 59-3748404	
				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			7. Name and Address of New Registered Agent		
COLLINS, WENDELL DEC 501 W HWY 318 CITRA, FL 32113			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: <i>Wendell Collins</i>		(NOTE: Registered Agent signature required when re-registering)		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINON, JAMES L		NAME		
STREET ADDRESS	16047 N.W. 37TH TERRACE P O BOX 87		STREET ADDRESS		
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINS, WENDELL		NAME		
STREET ADDRESS	501 W HWY 318		STREET ADDRESS		
CITY-ST-ZIP	CITRA, FL 32113		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINON, JUANITA D		NAME		
STREET ADDRESS	16047 N.W. 37TH TERRACE, P O BOX 87		STREET ADDRESS		
CITY-ST-ZIP	REDDICK, FL 32686		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	Trustee Chair person	
STREET ADDRESS			STREET ADDRESS	Rosa Feliciano Jackson	
CITY-ST-ZIP			CITY-ST-ZIP	620 NW 35th Street	
				Ocala, Fl. 34475	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>James L. McKinon</i>		3/19/08		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					