

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000020526

**FILED**  
**Feb 01, 2011**  
**Secretary of State**

**Entity Name:** LIFE CHANGERS ACADEMY OF ORLANDO, INC.

**Current Principal Place of Business:**

7116 CORAL COVE DRIVE  
ORLANDO, FL 32818

**New Principal Place of Business:**

4900 DONOVAN STREET  
ORLANDO, FL 32808 US

**Current Mailing Address:**

7116 CORAL COVE DRIVE  
ORLANDO, FL 32818

**New Mailing Address:**

P.O. BOX 1121  
CLARCONA, FL 32710 US

**FEI Number:** 27-1992375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

IRVIN, GWENDOLYN M  
7116 CORAL COVE DRIVE  
ORLANDO, FL 32818 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:** DP  
**Name:** IRVIN, GWENDOLYN  
**Address:** 7116 CORAL COVE DRIVE  
**City-St-Zip:** ORLANDO, FL 32818

**Title:** DV  
**Name:** IRVIN, DJUAN LYN A  
**Address:** 7116 CORAL COVE DRIVE  
**City-St-Zip:** ORLANDO, FL 32818

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** GWENDOLYN IRVIN

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02/01/2011

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

\_\_\_\_\_  
Date