

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761546

**FILED**  
**Apr 20, 2014**  
**Secretary of State**  
**CC1799731759**

**Entity Name:** LIFECHANGERS INTERNATIONAL MINISTRIES, INC.

**Current Principal Place of Business:**

4809 NE 97TH ST.RD.  
ANTHONY, FL 32617

**Current Mailing Address:**

4809 NE 97TH ST.RD.  
ANTHONY, FL 32617

**FEI Number: 59-2969432**

**Certificate of Status Desired: No**

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

MUSLEH, E. G., P.A.  
415 N.W. FIRST AVENUE  
OCALA, FL 32670 US

*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

**Officer/Director Detail :**

Title PD  
Name MCDONALD, DAN, REV.  
Address 4809 NE 97TH ROAD  
City-State-Zip: ANTHONY FL 32617

Title SD  
Name MCDONALD, MARY  
Address 4809 NE 97TH STREET ROAD  
City-State-Zip: ANTHONY FL 32617

Title VD  
Name GLASS, DON  
Address 4809 NE 97 STREET ROAD  
City-State-Zip: ANTHONY FL 32617

Title D  
Name BLACKMON, KATHY D.  
Address 4380 NE 25TH AVENUE  
City-State-Zip: OCALA FL 34479

Title D  
Name GLASS, DANNA J.  
Address 3940 N. 441  
City-State-Zip: OCALA FL 34475

Title D  
Name GLASS, MARLENE M.  
Address 13870 NE 47TH AVENUE  
City-State-Zip: SPARR FL 32192

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

**SIGNATURE: REV. DAN MCDONALD**

**PRESIDENT**

**04/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date