


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 761546			
1. Entity Name LIFECHANGERS INTERNATIONAL MINISTRIES, INC.			
Principal Place of Business 3940 NORTH HIGHWAY 441 OCALA FL 32670		Mailing Address 4809 NE 97TH ST. RD ANTHONY FL 32617	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MUSLEH, E. G., P.A. 415 N.W. FIRST AVENUE OCALA FL 32670		7. Name and Address of New Registered Agent 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.			



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2969432** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD MCDONALD, DAN, REV.	TITLE	
NAME		NAME	
STREET ADDRESS	4809 NE 97TH ROAD	STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL 32617	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD MCDONALD, MARY	TITLE	
NAME		NAME	
STREET ADDRESS	4809 NE 97TH STREET ROAD	STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL 32617	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD GLASS, DON	TITLE	
NAME		NAME	
STREET ADDRESS	4809 NE 97 STREET ROAD	STREET ADDRESS	
CITY-ST-ZIP	ANTHONY FL 32617	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BLACKMON, KATHY D.	TITLE	
NAME		NAME	
STREET ADDRESS	4380 NE 25TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34479	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GLASS, DANNA J.	TITLE	
NAME		NAME	
STREET ADDRESS	3940 N. 441	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34475	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GLASS, MARLENE M.	TITLE	
NAME		NAME	
STREET ADDRESS	13870 NE 47TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	SPARR FL 32192	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000211603
02/02/05-80124-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Rev. Dan McDonald* **Rev. DAN MCDONALD** 2-1-05 1-352629-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #