
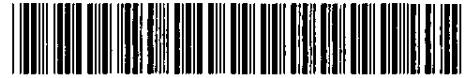


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 761546</b> 1. Entity Name <b>LIFECHANGERS INTERNATIONAL MINISTRIES, INC.</b>	
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Principal Place of Business <b>3940 NORTH HIGHWAY 441 OCALA FL 32670</b>	Mailing Address <b>4809 NE 97TH ST. RD ANTHONY FL 32617</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-2969432</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MUSLEH, E. G., P.A. 415 N.W. FIRST AVENUE OCALA FL 32670</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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.

U00000825543  
 02/21/08-80014-013 61.25  
 DATE

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to:  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD MCDONALD, DAN, REV.	<input type="checkbox"/>
NAME	4809 NE 97TH ROAD	
STREET ADDRESS	ANTHONY FL 32617	
CITY-ST-ZIP		
TITLE	SD MCDONALD, MARY	<input type="checkbox"/>
NAME	4809 NE 97TH STREET ROAD	
STREET ADDRESS	ANTHONY FL 32617	
CITY-ST-ZIP		
TITLE	VD GLASS, DON	<input type="checkbox"/>
NAME	4809 NE 97 STREET ROAD	
STREET ADDRESS	ANTHONY FL 32617	
CITY-ST-ZIP		
TITLE	D BLACKMON, KATHY D.	<input type="checkbox"/>
NAME	4380 NE 25TH AVENUE	
STREET ADDRESS	OCALA FL 34479	
CITY-ST-ZIP		
TITLE	D GLASS, DANNA J.	<input type="checkbox"/>
NAME	3940 N. 441	
STREET ADDRESS	OCALA FL 34475	
CITY-ST-ZIP		
TITLE	D GLASS, MARLENE M.	<input type="checkbox"/>
NAME	13870 NE 47TH AVENUE	
STREET ADDRESS	SPARR FL 32192	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Paul Donald McDonald* Paul Donald McDonald 2-11-08