

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761546

FILED  
Jan 24, 2010  
Secretary of State

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

**Current Principal Place of Business:**

3940 NORTH HIGHWAY 441  
OCALA, FL 32670

**New Principal Place of Business:**

**Current Mailing Address:**

4809 NE 97TH ST. RD  
ANTHONY, FL 32617

**New Mailing Address:**

**FEI Number:** 59-2969432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUSLEH, E. G., P.A.  
415 N.W. FIRST AVENUE  
OCALA, FL 32670 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: PD  
Name: MCDONALD, DAN, REV.  
Address: 4809 NE 97TH ROAD  
City-St-Zip: ANTHONY, FL 32617

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

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

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

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

Title: D  
Name: GLASS, MARLENE M.  
Address: 13870 NE 47TH AVENUE  
City-St-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

PRES

01/24/2010

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

\_\_\_\_\_  
Date