

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000011396

Entity Name: LIFE CHANGERS CENTER, INC.**Current Principal Place of Business:**146 SE BUNKER STREET
MADISON, FL 32340**Current Mailing Address:**333 NE STATE ROAD 6
MADISON, FL 32340 US**FEI Number:** 87-2868677**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, JAMI
701 EAST TENNESSEE STREET
TALLAHASSEE, FL 32308 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 C
Name JOHNSON, ABRA
Address 333 NE STATE ROAD 6
City-State-Zip: MADISON FL 32340

Title T
Name JOHNSON, EARNEST
Address 333 NE STATE ROAD 6
City-State-Zip: MADISON FL 32340

Title D
Name EALY, EDDIE
Address 235 SW BENTLEY STREET
City-State-Zip: MADISON FL 32340

Title S
Name HERRING, MICHELLE
Address 5421 LITTLE OAK WAY
City-State-Zip: LAKE PARK GA 31636

Title D
Name SEABROOKS, NATASHA
Address 3591 SW STATE ROAD 14
City-State-Zip: MADSON FL 32340

Title D
Name BOLLING, JENNIFER
Address 3443 CURVING OAKS WAY
City-State-Zip: ORLANDO FL 32820

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: JOHNSON, ABRA**MANAGER****04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date