

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002535

1. Entity Name

LIFE CHANGING EXPERIENCE WORSHIP CENTER INC

APPROVED  
AND  
FILED

01 DEC 21 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2514 W CERVANTES STREET  
PENSACOLA FL 32501

Mailing Address

1003 EDISON DRIVE  
PENSACOLA FL 32505

2. Principal Place of Business

Same

3. Mailing Address

P O Box 17091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

Country

32522

Country

Escambia

REINSTATEMENT  
DO NOT WRITE IN THIS SPACE

FL Number 59-3746703

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MONTGOMERY, KAREN~~  
1003 EDISON DRIVE  
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name Same

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.

SIGNATURE *Karen Montgomery*  
Signature, typed or printed name of registered agent and title if applicable.

10-30-01  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darold Montgomery
STREET ADDRESS	1003 Edison Drive
CITY-ST-ZIP	Pensacola, FL 32505
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Montgomery
STREET ADDRESS	1003 Edison Drive
CITY-ST-ZIP	Pensacola FL 32505
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara White
STREET ADDRESS	2065 Winneas Circle
CITY-ST-ZIP	Cantonment, FL 32533
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500004769515--5
CITY-ST-ZIP	-01/11/02--01054--013
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	****245.00 ****245.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Karen Montgomery*

9-12-01 850-434-6778

CR2E037 (10/00)