

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90168 033 ****61.25

DOCUMENT # N00000002535

1. Entity Name

LIFE CHANGING EXPERIENCE WORSHIP CENTER INC

Principal Place of Business

Mailing Address

PO BOX 17091
 PENSACOLA FL 32522

PO BOX 17091
 PENSACOLA FL 32522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3746703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTGOMERY, KAREN
1003 EDISON DRIVE
PENSACOLA FL 32505

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	MONTGOMERY, DAROLD	1003 EDISON DRIVE PENSACOLA FL 32505	<input type="checkbox"/> Delete			
	D	MONTGOMERY, KAREN	1003 EDISON DRIVE PENSACOLA FL 32505	<input type="checkbox"/> Delete			
	TD	WHITE, BARBARA	2065 WINNERS CIRCLE CANTONMENT FL 32533	<input type="checkbox"/> Delete	S	WHITE, BARBARA	2065 WINNERS CIRCLE CANTONMENT, FL 32533
				<input type="checkbox"/> Delete	T	Johnson, Linnell	1577 GALVIN Ave Pensacola, FL 32526
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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
Karen Montgomery 9-27-02 850-458-9698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)