

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 14, 2005
Secretary of State**

DOCUMENT# N00000002535

Entity Name: LIFE CHANGING EXPERIENCE WORSHIP CENTER INC

Current Principal Place of Business:

2514 W. CERVANTES ST.
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

PO BOX 17091
PENSACOLA, FL 32522

New Mailing Address:

FEI Number: 59-3746703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTGOMERY, KAREN
1003 EDISON DRIVE
PENSACOLA, FL 32505 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: D () Delete
Name: MONTGOMERY, DAROLD
Address: 1003 EDISON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: D () Delete
Name: MONTGOMERY, KAREN
Address: 1003 EDISON DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: S () Delete
Name: WHITE, BARBARA
Address: 2065 WINNERS CIR.
City-St-Zip: CANTONMENT, FL 32533

Title: TD () Delete
Name: JOHNSON, LINNELL
Address: 1577 GALVIN AVE
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KAREN MONTGOMERY

D

06/14/2005

Electronic Signature of Signing Officer or Director

_____ Date