

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002535

FILED
Sep 17, 2012
Secretary of State

Entity Name: LIFE CHANGING EXPERIENCE WORSHIP CENTER INC

Current Principal Place of Business:

2120 W JACKSON 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 ()

Name and Address of Current Registered Agent:

MONTGOMERY, KAREN
1308 PLATA CANADA DR
CANTONMENT, FL 32533 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
Name: MONTGOMERY, DAROLD
Address: 1308 PLATA CANADA DR
City-St-Zip: CANTONMENT, FL 32533

Title: D
Name: MONTGOMERY, KAREN
Address: 1308 PLATA CANADA DR
City-St-Zip: CANTONMENT, FL 32533

Title: S
Name: WHITE, BARBARA
Address: PO BOX 382871
City-St-Zip: GERMANTOWN, TN 38183

Title: TD
Name: JOHNSON, LINNELL
Address: 3166 SEAFARERS WAY
City-St-Zip: PENSACOLA, FL 32526

Title: TD
Name: JOHNSON, ANGELIA
Address: 3166 SEAFARERS WAY
City-St-Zip: PENSACOLA, FL 32526

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: DAROLD MONTGOMERY

D

09/17/2012

Electronic Signature of Signing Officer or Director

_____ Date