

05-02-2003 90144 045 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000002535 1. Entity Name LIFE CHANGING EXPERIENCE WORSHIP CENTER INC		
Principal Place of Business PO BOX 17091 PENSACOLA, FL 32522		Mailing Address PO BOX 17091 PENSACOLA, FL 32522
2. Principal Place of Business 2514 W. Cervantes St. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State Pensacola, FL	City & State	4. FEI Number 58-3746703
Zip 32505	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MONTGOMERY, KAREN 1003 EDISON DRIVE PENSACOLA, FL 32605		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature (print or print name of registered agent and title if applicable) (NFC Registered Agent license number when applicable)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE D NAME MONTGOMERY, DAROLD STREET ADDRESS 1003 EDISON DRIVE CITY-STATE-ZIP PENSACOLA, FL 32605	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D NAME MONTGOMERY, KAREN STREET ADDRESS 1003 EDISON DRIVE CITY-STATE-ZIP PENSACOLA, FL 32605	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME WHITE, BARBARA STREET ADDRESS 2065 WINNERS CIRCLE CITY-STATE-ZIP CANTONMENT, FL 32633	<input type="checkbox"/> Delete	TITLE White, Barbara NAME 2065 Winners Circle STREET ADDRESS Cantonment, FL 32533 CITY-STATE-ZIP
TITLE TO NAME JOHNSON, LINNELL STREET ADDRESS 1677 GALVIN AVE CITY-STATE-ZIP PENSACOLA, FL 32628	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(c), 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 I am empowered.		
SIGNATURE: <u>Karen Montgomery</u> <u>Karen Montgomery</u> 4-30-2003 8501458-9698 <small>SIGNATURE AND TITLE OF PERSON, NAME OF BOARD OFFICER OR DIRECTOR Date Duplicate Fees</small>		

11032979



CHECK HERE IF MAKING CHANGES

CORRECT (10/02)