

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000000402 (6)**

1. Corporation Name
LIFE CHANGING BIBLE CHURCH, INC.



Principal Place of Business Mailing Address
10917 ARDEN AVE TAMPA FL 33612

3. Date Incorporated or Qualified **01/23/1995** 3a. Date of Last Report
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **6506 N. Florida AVE** 26 **6506 N. Florida AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **102** 27 **102**
City & State City & State
23 **TAMPA, FL** 28 **TAMPA, FL**
Zip Country Zip Country
24 **33604** 25 **USA** 29 **33604** 30 **USA**

9. Name and Address of Current Registered Agent
• **WATSON, FRANK JR.**
• **10917 ARDEN AVE**
• **TAMPA FL 33612**

10. Name and Address of New Registered Agent
81 Name **FRANK WATSON JR.**
82 Street Address (P.O. Box Number is Not Acceptable) **10917 Arden Avenue**
83
84 City **Tampa** FL 85 Zip Code **33612**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **FRANK WATSON, JR.** DATE **4/22/96**
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WATSON, FRANK JR.	
STREET ADDRESS	10917 ARDEN AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATSON, JERRY	
STREET ADDRESS	10917 ARDEN AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WATSON, DARLA R	
STREET ADDRESS	5081 KNOLLPIKE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WALKER, JERRY	
2.3 STREET ADDRESS	5081 Knollpine way	
2.4 CITY-ST-ZIP	TAMPA, FL	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WATSON, DARLA R	
3.3 STREET ADDRESS	10917 ARDEN AVE	
3.4 CITY-ST-ZIP	TAMPA, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	600001848416	
5.4 CITY-ST-ZIP	-06/03/96--01059--005	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Frank Watson Jr.** DATE: **4/22/96** (813) 977-1202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)