


FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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: **6506 N. FLORIDA AVE. #102 TAMPA FL 33604**
Mailing Address: **6506 N. FLORIDA AVE. #102 TAMPA FL 33604**

3. Date Incorporated or Qualified: **01/23/1995**
4. FEI Number: **NOT APPLICABLE**

2. Principal Place of Business: **21 1803 East Shadowlawn**
2a. Mailing Address: **28 1803 East Shadowlawn**
City & State: **23 TAMPA, FL.** / **27 TAMPA, FL.**
Zip: **24 33610** / **29 33610** Country: **25 U.S.A.** / **30 U.S.A.**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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: WALKER, JERRY	
STREET ADDRESS: 5081 KNOLLPIKE WAY	
CITY-ST-ZIP: TAMPA FL	
TITLE: STD	<input type="checkbox"/> DELETE
NAME: WATSON, DARLA R	
STREET ADDRESS: 10917 ARDEN AVE.	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD NATHANIEL FISHER
2.3 STREET ADDRESS	8512 EL SERENO CT. #1910
2.4 CITY-ST-ZIP	TAMPA, FL 33614
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TA JERRY WALKER
4.3 STREET ADDRESS	4212 R. CAYUGA STREET
4.4 CITY-ST-ZIP	TAMPA, FL 33610
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TA ERNEST L. SMITH
5.3 STREET ADDRESS	207 W. WARREN AVENUE
5.4 CITY-ST-ZIP	TAMPA, FL 33602
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 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 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: _____ DATE: **7/20/98** (213) 271-8172

CR2E037 (10/97)