

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000402

Corporation Name
LIFE CHANGING BIBLE CHURCH, INC.

Principal Place of Business 1803 EAST SHADOW LAWN TAMPA FL 33610 US	Mailing Address 1803 EAST SHADOW LAWN TAMPA FL 33610 US
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614191-90008-40



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/23/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WATSON, FRANK JR. 10917 ARDEN AVE TAMPA FL 33612		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable).	
		83	
		84 City	FL

I, 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
2. OFFICERS AND DIRECTORS				
LE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ME	WATSON, FRANK JR.		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	10917 ARDEN AVE		1.2 NAME	
Y-ST-ZIP	TAMPA FL 33612		1.3 STREET ADDRESS	
LE	VD	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ME	FISHER, NATHANIEL		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	8512 EL SERENO COURT, #1910		2.2 NAME	
Y-ST-ZIP	TAMPA FL 33614		2.3 STREET ADDRESS	
LE	STD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ME	WATSON, DARLA R		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	10917 ARDEN AVE.		3.2 NAME	
Y-ST-ZIP	TAMPA FL		3.3 STREET ADDRESS	
LE	T	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ME	WALKER, JERRY		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	4212 E CAYUGA STREET		4.2 NAME	
Y-ST-ZIP	TAMPA FL 33610		4.3 STREET ADDRESS	
LE	T	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ME	SMITH, ERNEST L		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS	207 W WARREN AVENUE		5.2 NAME	
Y-ST-ZIP	TAMPA FL 33602		5.3 STREET ADDRESS	
LE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REET ADDRESS			6.2 NAME	
Y-ST-ZIP			6.3 STREET ADDRESS	
			6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Frank Watson, Jr* **SIGNATURE REQUIRED** 9-6-99 813-971-8172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)