

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90089 005 ****70.00

DOCUMENT # N95000000402

1. Entity Name

LIFE CHANGING BIBLE CHURCH, INC.

Principal Place of Business

**1803 EAST SHADOW LAWN
 TAMPA FL 33610
 US**

Mailing Address

**P.O. BOX 82004
 TAMPA FL 33682**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, FRANK JR.
 10917 ARDEN AVE
 TAMPA FL 33612**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WATSON, FRANK JR.	
STREET ADDRESS	10917 ARDEN AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WALKER, JERRY	
STREET ADDRESS	3610 PATUNA DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALKER, MARILYN	
STREET ADDRESS	3610 PATUNA DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, ERNEST L	
STREET ADDRESS	207 W. WARREN AVE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANDERS, JASPER	
STREET ADDRESS	207 W WARREN AVENUE	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARIA WATSON	
STREET ADDRESS	10917 Arden Ave	
CITY-ST-ZIP	TAMPA, FL 33612	

12. 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 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 like empowered.

SIGNATURE: *SIGNATURE REQUIRED*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (813)971-8172
 Date Daytime Phone #

CR2E037 (9/01)