

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002535

**Entity Name:** LIFE CHANGING EXPERIENCE WORSHIP CENTER INC

**Current Principal Place of Business:**

2120 W JACKSON ST.  
PENSACOLA, FL 32505

**Current Mailing Address:**

PO BOX 17091  
PENSACOLA, FL 32522 US

**FEI Number: 59-3746703**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MONTGOMERY, KAREN  
2363 FERNWICK WAY  
CANTONMENT, FL 32533 US

*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: KAREN MONTGOMERY**

**02/05/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MONTGOMERY, DAROLD  
Address 2363 FERNWICK WAY  
City-State-Zip: CANTONMENT FL 32533

Title D  
Name MONTGOMERY, KAREN  
Address 2363 FERNWICK WAY  
City-State-Zip: CANTONMENT FL 32533

Title S  
Name CALHOUN, BARBARA  
Address 839 MAPLEWOOD CIRCLE  
City-State-Zip: PENSACOLA FL 32523

Title TD  
Name JOHNSON, LINNELL  
Address 3166 SEAFARERS WAY  
City-State-Zip: PENSACOLA FL 32526

Title TD  
Name JOHNSON, ANGELIA  
Address 3166 SEAFARERS WAY  
City-State-Zip: PENSACOLA FL 32526

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MONTGOMERY, DAROLD**

**PASTOR**

**02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date