2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003844

FILED Oct 16, 2005 Secretary of State

Entity Name: LIFE CHANGING PROPHETIC MINISTRY INC. **Current Principal Place of Business: New Principal Place of Business:** 702 W 3RD ST LAKELAND, FL 33805 **Current Mailing Address: New Mailing Address:** P O BOX 67 LAKELAND, FL 338020067 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, WILLIE M 2120 115TH AVE TAMPA, FL 33612 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: WILLIE M. HARRIS Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARRIS, WILLIE MAE Name: Name: Address: 2102 W 115 AVE Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARRIS, RICHARD Name: Address: 2102 W 115 AVE Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: () Delete Title: (X) Change () Addition BROWN, BRIDGETT R Name: GRAHAM, DESERIA Name: 3605 TAMRAX DR 4806 E. CLIFTON ST Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33610 Title: (X) Delete Title: () Change () Addition Name: BROWN, H. L. Name: Address: P O BOX 67 Address: City-St-Zip: LAKELAND, FL 33802 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DESERIA GRAHAM S 10/16/2005