


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 DEC 22 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1078

DOCUMENT # N04000003844	
1. Entity Name LIFE CHANGING PROPHETIC MINISTRY INC.	

Principal Place of Business 702 W 3RD ST LAKELAND, FL 33805	Mailing Address P O BOX 67 LAKELAND, FL 33802-0067
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2. Principal Place of Business 2102 E 115th Ave	3. Mailing Address 2102 E 115th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa FLA	City & State Tampa FLA
Zip 33612	Zip 33612
Country Hillborough	Country Hillborough



12122006 REIN-NP CR2E099 (11/05)

4. FEI Number APPLIED FOR 900117522	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRIS, WILLIE M 2120 115TH AVE TAMPA, FL 33612		7. Name and Address of New Registered Agent Name: PASTOR WILLIE MAE HARRIS Street Address (P.O. Box Number is Not Acceptable): 2102 E 115th Ave City: Tampa FL Zip Code: 33612	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Pastor Willie Mae Harris (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRIS, WILLIE MAE 2102 W 115 AVE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000082829980 12/29/06--01043--013 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARRIS, RICHARD 2102 W 115 AVE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRAHAM, DESERIA 4806 E. CLIFTON ST TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sandra Moore 1254 East 113th Ave Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pastor Willie Mae Harris Daytime Phone # _____

Pastor W M Harris
2102 E 115 Ave
Tampa Fla 33613

2072

I did not
Receive A Annual Report
Notice This year Because
we Moved.

Please Waive the Requirement See

Pastor Willie Mae Harris