

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


03-28-2007 90006 001 *** 70.00

N04000003844

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000003844			
1. Entity Name LIFE CHANGING PROPHETIC MINISTRY INC.			
Principal Place of Business 2102 E 115TH AVENUE TAMPA, FL 33612 US		Mailing Address 2102 E 115TH AVENUE TAMPA, FL 33612 US	
2. Principal Place of Business - No P.O. Box # 2102 E 115th Avenue		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	
4. FEI Number 90-0117522		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, WILLIE M 2102 E 115TH AVENUE TAMPA, FL 33612		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Willie Mae Harris		DATE 3/3/07	
Signature, typed or printed name of registered agent and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, WILLIE MAE	NAME	
STREET ADDRESS	2102 E 115TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RICHARD	NAME	
STREET ADDRESS	2102 E 115TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, SANDRA	NAME	
STREET ADDRESS	1254 E 113TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33612	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: Willie Mae Harris		DATE 3/3/07 813 632-9038	
Signature and typed or printed name of signing officer or director		Daytime Phone #	