

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000001910 1. Entity Name LIFE CHANGING BAPTIST CHURCH, INC.	
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FILED
 08 OCT 30 AM 8: 04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business 1803 E. SHADOWLAWN ST. TAMPA, FL 33610	Mailing Address 10917 ARDEN AVE TAMPA, FL 33612
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



4. FEI Number 20-2267985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, FRANK JR 10917 ARDEN AVE TAMPA, FL 33612	7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE  DATE 27-OCT-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WATSON, FRANK JR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10917 N. ARDEN AVE.	NAME	300137478673
STREET ADDRESS	TAMPA, FL 33612	STREET ADDRESS	10/30/08--01025--001 **236.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD WATSON, DARLA R TRUSTEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10917 N. ARDEN AVE.	NAME	
STREET ADDRESS	TAMPA, FL 33612	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	STD MCGRUDER, SHENNANDO A TRUSTEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3307 N. 77TH ST	NAME	
STREET ADDRESS	TAMPA, FL 33619	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SMITH, ERNEST L TRUSTEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	207 W. WARREN AVE	NAME	
STREET ADDRESS	TAMPA, FL 33602	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SANDERS, JASPER TRUSTEE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	207 W. WARREN AVE	NAME	
STREET ADDRESS	TAMPA, FL 33602	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:  DATE 27-OCT-08 (813) 765-0609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 10/31