

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 27, 2009  
Secretary of State**

DOCUMENT# N05000001910

Entity Name: LIFE CHANGING BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1803 E. SHADOWLAWN ST.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

10917 ARDEN AVE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 20-2267985      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

WATSON, FRANK JR  
10917 ARDEN AVE  
TAMPA, FL 33612      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WATSON, FRANK JR  
Address: 10917 N. ARDEN AVE.  
City-St-Zip: TAMPA, FL 33612

Title: VD      ( ) Delete  
Name: WATSON, DARLA R TRUSTEE  
Address: 10917 N. ARDEN AVE.  
City-St-Zip: TAMPA, FL 33612

Title: STD      ( ) Delete  
Name: MCGRUDER, SHENNANDO A TRUSTEE  
Address: 3307 N. 77TH ST  
City-St-Zip: TAMPA, FL 33619

Title: D      ( ) Delete  
Name: SMITH, ERNEST L TRUSTEE  
Address: 207 W. WARREN AVE  
City-St-Zip: TAMPA, FL 33602

Title: D      ( ) Delete  
Name: SANDERS, JASPER TRUSTEE  
Address: 207 W. WARREN AVE  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: FRANK WATSON, JR.

PD

07/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date