


FILED

09 NOV -3 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N050000003753		
1. Entity Name LIFE TABERNACLE WORSHIP CENTER INC.		
Principal Place of Business 4780 NW 73RD AVE LAUDERHILL, FL 33319	Mailing Address 4780 NW 73RD AVE LAUDERHILL, FL 33319	

2. Principal Place of Business - No P.O. Box # 4780 NW 73rd Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAuderhill		City & State Florida	
Zip 33319	Country USA	Zip	Country

[illegible]

0921200 REIN NP 10R2E099(1/07) 08-09

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KNIGHT, JENNIFER 4780 NW 73RD AVE LAUDERHILL, FL 33319		Name <i>Barrett, Jennifer</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>address same</i>	
		<i>N/A</i>	
		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 Jennifer Barnett
Signature, typed and printed name of registered agent and title if applicable

{NOTE: Registered Agent signature required when reinstating}

DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, LLOYD 1851 NW 7TH TERR POMPAN0 BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNIGHT, DELROSE 7315 NW 48ST LAUDERHILL, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, SONIA 4780 NW 73RD AVE LAUDERHILL, FL 33319	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DEVON 17 CAPER CREEK DR OKATIE, SC 29909	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGE, MAURICE 2830 #2 NW 15TH CT FT LAUDERDALE, FL 33317	X Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Barrett, Lloyd</i> <i>4780 N.W. 73rd Ave</i> <i>Lauderhill, Fl. 33319</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>800161287218</i> <i>10/06/09--01025--006 X Add</i> <i>S Smith Sonia</i> <i>303 Belmont Lane</i> <i>North Lauderdale, FL. 33068</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Please (delete)</i> <i>Page, Maurice</i> <i>2830 #2 NW 15CT.</i> <i>FT. Laud. FL. 33317 (No longer a member)</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: J. L. Sarnell
SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

11/3a