2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009125

Entity Name: LIFE CHANGING WORD MINISTRIES, INC.

FILED Nov 03, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

6449 NW FAYE STREET 509 S. 21 AVE PORT ST. LUCIE, FL 34986 SUITE 104

HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

6449 NW FAYE STREET 7560 NW 13TH CT

PORT ST. LUCIE, FL 34986 PLANTATION, FL 33313

FEI Number: 26-1419853 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: Name and Address of New Registered Agent:

WILLIAMS, JASON WILLIAMS, JASON 6449 NW FAYE STREET 7560 NW 13TH CT

PORT ST. LUCIE, FL 34986 US PLANTATION, FL 33313 US

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: JASON A. WILLIAMS 11/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO () Delete Title: PCEO (X) Change () Addition Name: WILLIAMS, LAUDIA Name: WILLIAMS, LAUDIA

 Name:
 WILLIAMS, LAODIA

 Address:
 6449 NW FAYE STREET
 Address:
 7560 NW 13 CT

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:
 PLANTATION, FL 33313

Title: PCEO () Delete Title: PCEO (X) Change () Addition

 Name:
 WILLIAMS, JASON
 Name:
 WILLIAMS, JASON

 Address:
 6449 NW FAYE STREET
 Address:
 7560 NW 13 CT

 City-St-Zip:
 PORT ST. LUCIE, FL 34986
 City-St-Zip:
 PLANTATION, FL 33313

Title: S () Delete Title: () Change () Addition

 Name:
 JEFFERSON-WILLIAMS, STEPHANIE
 Name:

 Address:
 11658 JERRY ADAM COURT
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 SCOTLAND, ALEXANDER
 Name:

 Address:
 21351 COULTON AVE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 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: JASON A. WILLIAMS CEO 11/03/2008