

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 040 ****61.25

DOCUMENT # N95000000402

Corporation Name

LIFE CHANGING BIBLE CHURCH, INC.

Principal Place of Business

1803 EAST SHADOW LAWN
TAMPA FL 33610
US

Mailing Address

1803 EAST SHADOW LAWN
TAMPA FL 33610
US

614191-90008-40



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		26		01/23/1995	
City & State		27		4. FEI Number	
Zip		28		NOT APPLICABLE	
Country		29		5. Certificate of Status Desired	
25		30		8. Election Campaign Financing	
				Trust Fund Contribution	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WATSON, FRANK JR.				81 Name	
10917 ARDEN AVE				82 Street Address (P.O. Box Number is Not Acceptable).	
TAMPA FL 33612				83	
				84 City	
				FL 85 Zip Code	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	WATSON, FRANK JR.	1.2 NAME	
REET ADDRESS	10917 ARDEN AVE	1.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	
LE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	FISHER, NATHANIEL	2.2 NAME	
REET ADDRESS	8512 EL SERENO COURT, #1910	2.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33614	2.4 CITY-ST-ZIP	
LE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	WATSON, DARLA R	3.2 NAME	
REET ADDRESS	10917 ARDEN AVE.	3.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
LE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	WALKER, JERRY	4.2 NAME	
REET ADDRESS	4212 E CAYUGA STREET	4.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33610	4.4 CITY-ST-ZIP	
LE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	SMITH, ERNEST L	5.2 NAME	
REET ADDRESS	207 W WARREN AVENUE	5.3 STREET ADDRESS	
Y-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Watson, Jr* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-99

Date

813-971-8172

Daytime Phone #

CR2E037 (5/99)