

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001910

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC6353744596**

**Entity Name:** LIFE CHANGING BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

1804 WEST WATERS AVE.  
B  
TAMPA, FL 33604

**Current Mailing Address:**

10917 ARDEN AVE  
TAMPA, FL 33612

**FEI Number:** 20-2267985

**Certificate of Status Desired:** Yes

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

WATSON, FRANK JR  
10917 ARDEN AVE  
TAMPA, FL 33612 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title VD  
Name WATSON, DARLA RTRUSTEE  
Address 10917 N. ARDEN AVE.  
City-State-Zip: TAMPA FL 33612

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

Title D  
Name SMITH, ERNEST LTRUSTEE  
Address 207 W. WARREN AVE  
City-State-Zip: TAMPA FL 33602

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

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRANK WATSON, JR.

PD

04/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date