2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005
Secretary of State

DOCUMENT# N04000003231

Entity Name: LION'S DEN MINISTRIES, INC.

Current Principal Place of Business:

8049 SABLE CREEK DR. E
JACKSONVILLE, FL 32244

New Principal Place of Business:

4265 YVONNE TERRACE
MIDDLEBURG FL, FL 32068

Current Mailing Address:

8049 SABLE CREEK DR. E
JACKSONVILLE, FL 32244

New Mailing Address:

4265 YVONNE TERRACE
MIDDLEBURG FL, FL 32068

FEI Number: 83-0340690 **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:

CONNOR, EILEEN M
8049 SABLE CREEK DR. E
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

CONNOR, EILEEN M
4265 YVONNE TERRACE
MIDDLEBURG, FL 32068 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: EILEEN CONNOR 07/13/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONNOR, JOHN J
Address: 8049 SABLE CREEK DR. E
City-St-Zip: JACKSONVILLE, FL 32244

Title: V ( ) Delete
Name: NICHOLS, KENNETH
Address: 5407 FALCON WOOD CT
City-St-Zip: ARLINGTON, TX 7601

Title: V ( ) Delete
Name: CONNOR, EILEEN M
Address: 8049 SABLE CREEK DR. E
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CONNOR, JOHN J
Address: 4265 YVONNE TERRACE
City-St-Zip: MIDDLEBURG, FL 32068

Title: V (X) Change ( ) Addition
Name: MURPHY, GARY
Address: 159LYNN AVE
City-St-Zip: HAMPTON BAYS, NY 11946

Title: V (X) Change ( ) Addition
Name: CONNOR, EILEEN M
Address: 4265 YVONNE TERRACE
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN CONNOR P 07/13/2005
Electronic Signature of Signing Officer or Director Date