2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08000001654

Entity Name: LMH MINISTRIES, INC.

Current Principal Place of Business:

5285 PINEVIEW WAY
APOPKA, FL 32703

New Principal Place of Business:

5285 PINEVIEW WAY
ATTN: LISA M. HARTLEY
APOPKA, FL 32703

Current Mailing Address:

5285 PINEVIEW WAY
APOPKA, FL 32703

New Mailing Address:

5285 PINEVIEW WAY
ATTN: LISA M. HARTLEY
APOPKA, FL 32703

FEI Number: 26-3321762 **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:

HARTLEY, LISA M
5285 PINEVIEW WAY
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARTLEY, LISA M
Address: 5285 PINEVIEW WAY
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete
Name: HARTLEY, MORRIS L JR
Address: 5285 PINEVIEW WAY
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete
Name: BATES, CATHERINE L
Address: 22950 BERKELEY DRIVE
City-St-Zip: YUCAIPA, CA 92399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BATES, CATHERINE L
Address: 604 VIA VISTA DRIVE
City-St-Zip: REDLANDS, CA 92373

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: LISA M. HARTLEY PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date