

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001210

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: LABEV MINISTRIES CHURCH, INC.

**Current Principal Place of Business:**

704 PICKLES FORD RD  
ST. CLAIR, MO 63077

**New Principal Place of Business:**

**Current Mailing Address:**

6381 EGRET DRIVE #15  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 43-1245945      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLIGE, BEVERLY  
6381 EGRET DRIVE #15  
LAKELAND, FL 33809      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: WILLIGE, LAWRENCE E JR  
Address: 6381 EGRET DRIVE #15  
City-St-Zip: LAKELAND, FL 33809

Title: TD ( ) Delete  
Name: WILLIGE, BEVERLY  
Address: 6381 EGRET DRIVE #15  
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete  
Name: GRIFFITH, DANNY  
Address: 704 PICKLES FORD RD  
City-St-Zip: ST. CLAIR, MO 63077

Title: VPD ( ) Delete  
Name: ANDERSON, JAMES E  
Address: 5291 BRASS LANTERN  
City-St-Zip: ST. LOUIS, MO 63128 US

Title: D ( ) Delete  
Name: ALLEN, WILLIAM H  
Address: 4261 FOUR RIDGE ROAD  
City-St-Zip: HOUSE SPRINGS, MO 63051 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LAWRENCE E. WILLIGE, JR.

PD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date