

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003508

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** LEBARON MINISTRIES, INC.

**Current Principal Place of Business:**

1300 WADE RD  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1300 WADE RD  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 73-1619455

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEBARON, KAREN MICHELLE  
1300 WADE RD  
APOPKA, FL 32712 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:** CP  
**Name:** LEBARON, ED  
**Address:** 1300 WADE RD  
**City-St-Zip:** APOPKA, FL 32712

**Title:** DST  
**Name:** LEBARON, KAREN M  
**Address:** 1300 WADE RD  
**City-St-Zip:** APOPKA, FL 32712

**Title:** DVP  
**Name:** FISHER, PAUL A REV.  
**Address:** 18 HIGHLAND AVE  
**City-St-Zip:** SORRENTO, FL 32776

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:** ED LEBARON

PRES

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date