2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2007
Secretary of State

DOCUMENT# L06000048052

Entity Name: BYRON & ANTIONETTE WILCOX MINISTRIES, LLC

Current Principal Place of Business:

1304 CINNAMON WAY WEST
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1304 CINNAMON WAY WEST
LAKELAND, FL 33801

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILCOX, BYRON C
1304 CINNAMON WAY WEST
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

WILCOX, ANTIONETTE DR.
1304 CINNAMON WAY WEST
LAKELAND, FL 33801 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: DR. ANTIONETTE WILCOX 07/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WILCOX, BYRON C
Address: 1304 CINNAMON WAY WEST
City-St-Zip: LAKELAND, FL 33801

Title: MGR (X) Delete
Name: WILCOX, ANTIONETTE
Address: 1304 CINNAMON WAY WEST
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NIXON, NAOMI
Address: 639 PONDEROSA DRIVE
City-St-Zip: LAKELAND, FL 33810 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DR. ANTIONETTE WILCOX MGR 07/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date