

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036947

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Entity Name:** GARRICK L. LEWIS MINISTRIES, LLC

**Current Principal Place of Business:**

844 SE OCEAN BLVD  
D  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

844 SE OCEAN BLVD  
D  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 26-4704213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

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

HEAD, DEXTER D  
844 SE OCEAN BLVD  
D  
STUART, FL 34994 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** LEWIS, GARRICK L SR  
**Address:** 844 SE OCEAN BLVD STE D  
**City-St-Zip:** STAURT, FL 34994

**Title:** MGRM  
**Name:** HEAD, DEXTER D  
**Address:** 844 SE OCEAN BLVD STE D  
**City-St-Zip:** STUART, FL 34994

I hereby 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: GARRICK L LEWIS

MGR

05/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date