


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000000725  
1. Entity Name  
LORENZO MILLER MINISTRIES, INC.



Principal Place of Business  
45 PARRAMORE AVE.  
ORLANDO, FL 32805

Mailing Address  
P.O. BOX 682395  
ORLANDO, FL 32868

**DO NOT WRITE IN THIS SPACE**



03062003 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3627420

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MILLER, PASTOR LORENZO  
5507 PERRINE DRIVE  
ORLANDO, FL 32808

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, PASTOR LORENZO 5507 PERRINE DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, PASTOR BRENDA 5507 PERRINE DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS ANDERSON, JAMEKA 5507 PERRINE DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS SHADE, TAMARAE 5507 PERRINE DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, VALERIE 5507 PERRINE DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUS BROWN, LATARSHA 3057 WILLOW BEND BLVD. ORLANDO, FL 32808

U00000162429  
06/10/04-80004-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lorenzo Miller* 6/10/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #