

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000725

FILED
Jan 19, 2005
Secretary of State

Entity Name: LORENZO MILLER MINISTRIES, INC.

Current Principal Place of Business:

45 PARRAMORE AVE.
ORLANDO, FL 32805

New Principal Place of Business:

5507 PERRINR DRIVE
ORLANDO, FL 32808

Current Mailing Address:

P.O. BOX 682395
ORLANDO, FL 32868

New Mailing Address:

P.O. BOX 682396
ORLANDO, FL 32868

FEI Number: 59-3627420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, PASTOR LORENZO
5507 PERINE DRIVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

MILLER, LORENZO
5507 PERINE DRIVE
ORLANDO, FL 32808 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: LORENZO MILLER

01/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, PASTOR LORENZO
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: MILLER, PASTOR BRENDA
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

Title: TRUS () Delete
Name: ANDERSON, JAMEKA
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

Title: TRUS () Delete
Name: SHADE, TAMARAE
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: MILLER, VALERIE
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

Title: TRUS () Delete
Name: BROWN, LATARSHA
Address: 3057 WILLOW BEND BLVD.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, LORENZO
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

Title: VP (X) Change () Addition
Name: MILLER, BRENDA
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

Title: TRUS (X) Change () Addition
Name: ANDERSON, TAMEKA
Address: 5507 PERRINE DR
City-St-Zip: ORLANDO, FL 32808

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

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

Title: TRUS (X) Change () Addition
Name: BELL, GAIL
Address: 5507 PERRINE DRIVE
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORENZO MILLER

P

01/19/2005

Electronic Signature of Signing Officer or Director

Date