

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000725

FILED  
Jan 17, 2006  
Secretary of State

**Entity Name:** LORENZO MILLER MINISTRIES, INC.

**Current Principal Place of Business:**

5507 PERRINR DRIVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 682396  
ORLANDO, FL 32868

**New Mailing Address:**

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

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

Title: TRUS ( ) Delete  
Name: ANDERSON, TAMEKA  
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: BELL, GAIL  
Address: 5507 PERRINE DRIVE  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date