

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2008
Secretary of State

DOCUMENT# N00000000725

Entity Name: LORENZO MILLER MINISTRIES, INC.

Current Principal Place of Business:

336 VALLEY GLEN CT
CONCORD, NC 28027

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6149
CONCORD, NC 28027

New Mailing Address:

FEI Number: 59-3627420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MILLER, LORENZO
336 VALLEY GLEN CT
CONCORD, FL 28027 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: 336 VALLEY GLEN CT.
City-St-Zip: CONCORD, NC 28027

Title: VP () Delete
Name: MILLER, BRENDA
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: TRUS () Delete
Name: ANDERSON, TAMEKA
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: TRUS () Delete
Name: SHADE, TAMARAE
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: S () Delete
Name: MILLER, VALERIE
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

Title: TRUS () Delete
Name: BELL, GAIL
Address: 336 VALLEY GLEN CT
City-St-Zip: CONCORD, NC 28027

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
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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 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

09/10/2008

Electronic Signature of Signing Officer or Director

_____ Date