

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90267 014 ****61.25

DOCUMENT # N00000007715

1. Entity Name

L.H.W. MINISTRIES INC.



Principal Place of Business

7895 SE 36TH CT RD
OCALA FL 34471

Mailing Address

7895 SE 36TH CT RD
OCALA FL 34471

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3687846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HANKS, LILLIE
7895 SE 36TH CT RD
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
DP
HANKS, LILLIE B
7895 SE 36TH CT RD
OCALA FL 34471

TITLE NAME ☐ Delete
DS
GADSON, ALISHA
7895 SE 36TH CT RD
OCALA FL 34471

TITLE NAME ☐ Delete
DT
HANKS, JOHN W SR.
7895 SE 36TH CT RD
OCALA FL 34471

TITLE NAME ☐ Delete
MGRM
LAWTON, MAE H
PO BOX 22
SPARR FL 32192

TITLE NAME ☐ Delete
MGRM
COLEMAN, THELMA L
6540 SE 30TH CT
OCALA FL 34610

TITLE NAME ☐ Delete
THOMAS, DIANE R
1652 NW 100TH AVE
OCALA FL 34482

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Lillie B. Hanks* - Lillie B. Hanks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/04
Date

352-622-6812
Daytime Phone #