

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007715

FILED
Jul 08, 2006
Secretary of State

Entity Name: L.H.W. MINISTRIES INC.

Current Principal Place of Business:

7895 SE 36TH CT RD
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

7895 SE 36TH CT RD
OCALA, FL 34471

New Mailing Address:

FEI Number: 59-3687846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HANKS, LILLIE B
Address: 7895 SE 36TH CT RD
City-St-Zip: OCALA, FL 34471

Title: DS () Delete
Name: GADSON, ALISHA
Address: 7895 SE 36TH CT RD
City-St-Zip: OCALA, FL 34471

Title: DT () Delete
Name: HANKS, JOHN W SR
Address: 7895 SE 36TH CT RD
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: LAWTON, MAE H
Address: PO BOX 22
City-St-Zip: SPARR, FL 32192

Title: MGRM () Delete
Name: COLEMAN, THELMA L
Address: 6540 SE 30TH CT
City-St-Zip: OCALA, FL 34610

Title: T () Delete
Name: THOMAS, DIANE R
Address: 1652 NW 100TH AVE
City-St-Zip: OCALA, FL 34482

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: LILLIE B. HANKS

DP

07/08/2006

Electronic Signature of Signing Officer or Director

Date