2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# N01000001670

Entity Name: LL MINISTRIES, INC.

Current Principal Place of Business:

6330 S.W. 148TH AVENUE
SOUTHWEST RANCHES, FL 333303448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693755
MIAMI, FL 332693755 US

New Mailing Address:

P.O. BOX 822668
PEMBROKE PINES, FL 33082-266 US

FEI Number: 65-1086238 **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:

LONG, HAROLD JR
99 NORTHWEST 183RD STREET STE. 127
NORTH MIAMI BEACH, FL 33169 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: PD ( ) Delete
Name: LONG, HAROLD JR.
Address: 99 N.W MIAMI GARDENS DR. #127
City-St-Zip: MIAMI, FL 33169

Title: VTD ( ) Delete
Name: ROYAL, LESLIE W
Address: 2981 N.W. 159TH ST.
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete
Name: WHIGHAM, WEBSTER
Address: 4120 75 AVE NORTH
City-St-Zip: BIRMINGHAM, AL 35222

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:

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: HAROLD LONG, JR. PD 09/02/2005

Electronic Signature of Signing Officer or Director — Date