

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003913

FILED  
Jun 15, 2005  
Secretary of State

**Entity Name:** LILLIE B. HANKS MINISTRIES, INC.

**Current Principal Place of Business:**

7895 SE 36 CT RD  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

7895 SE 36 CT RD  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 62-1857061      **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:**

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

Title: DS      ( ) Delete  
Name: COVINGTON, AQUANA  
Address: 1991 SE FORTY ST RD  
City-St-Zip: OCALA, FL 34489

Title: DT      ( ) Delete  
Name: GADSON, ALISHA  
Address: 2042 SW SECOND ST  
City-St-Zip: OCALA, FL 34475

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

Title: MEM      ( ) Delete  
Name: OLEARN, THELMA L  
Address: 6540 SE 30TH  
City-St-Zip: OCALA, FL 34480

Title: T      ( ) Delete  
Name: THOMAS, DIANE  
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 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: LILLIE B. HANKS

DP

06/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date