

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90129 023 \*\*\*\*61.25

**DOCUMENT # N01000005528**

1. Entity Name  
**THE MINISTRY CENTER, INC.**



Principal Place of Business  
770 CR 29  
LAKE PLACID, FL 33852

Mailing Address  
PO BOX 1585  
LAKE PLACID, FL 33862-1585

40045304



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
01-0584946

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, LAWRENCE B SR  
2015 US 27 SOUTH  
LAKE PLACID, FL 33852

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDVD  
NAME HATHAWAY, RONALD E SR ☐ Delete  
STREET ADDRESS 40 KELSEY ROAD  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE *Sec/D*  
NAME *Wells, Cynthia L.* ☐ Change ☒ Addition  
STREET ADDRESS *2015 US 27 South*  
CITY-ST-ZIP *LAKE PLACID, FL 33852*

TITLE VD  
NAME WELLS, LAWRENCE B SR ☐ Delete  
STREET ADDRESS 2015 US 27 SOUTH  
CITY-ST-ZIP LAKE PLACID, FL 33852

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

TITLE VD  
NAME HATHAWAY, MILDRED L ☐ Delete  
STREET ADDRESS 40 KELSEY ROAD  
CITY-ST-ZIP LAKE PLACID, FL 33852

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

TITLE D  
NAME BROWN, ROBERT ☐ Delete  
STREET ADDRESS 904 LAKE DRIVE EAST  
CITY-ST-ZIP LAKE PLACID, FL 33852

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

TITLE TD  
NAME BROWN, MELINDA H ☐ Delete  
STREET ADDRESS 904 LAKE DRIVE EAST  
CITY-ST-ZIP LAKE PLACID, FL 33852

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

TITLE D  
NAME BUSH, REGINA D ☐ Delete  
STREET ADDRESS 292 CR 619  
CITY-ST-ZIP LAKE PLACID, FL 33852

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 exemptions contained 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 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:** *Lawrence B Wells, SR.* *James D Wells Jr* *3-28-07* *863 441 1253*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #