2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2011
Secretary of State

DOCUMENT# N01000005528

Entity Name: THE MINISTRY CENTER, INC.

Current Principal Place of Business:

770 CR 29
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

PO BOX 1585
LAKE PLACID, FL 338621585

New Mailing Address:

FEI Number: 01-0584946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLS, LAWRENCE B SR
2015 US 27 SOUTH
LAKE PLACID, FL 33852 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: PDVD
Name: HATHAWAY, RONALD E SR
Address: 40 KELSEY ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: VD
Name: WELLS, LAWRENCE B SR
Address: 2015 US 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: VD
Name: HATHAWAY, MILDRED L
Address: 40 KELSEY ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: BROWN, ROBERT
Address: 904 LAKE DRIVE EAST
City-St-Zip: LAKE PLACID, FL 33852

Title: TD
Name: BROWN, MELINDA H
Address: 904 LAKE DRIVE EAST
City-St-Zip: LAKE PLACID, FL 33852

Title: D
Name: BUSH, REGINA D
Address: 292 CR 619
City-St-Zip: LAKE PLACID, FL 33852

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE B. WELLS, SR. VD 02/11/2011

Electronic Signature of Signing Officer or Director Date