

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005528

FILED  
Feb 29, 2012  
Secretary of State

**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 (X)**

**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:** PD  
**Name:** BROWN, ROBERT S  
**Address:** 904 LAKE DRIVE EAST  
**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:** TD  
**Name:** BROWN, MELINDA L  
**Address:** 904 LAKE DRIVE EAST  
**City-St-Zip:** LAKE PLACID, FL 33852

**Title:** SD  
**Name:** WELLS, CYNTHIA L  
**Address:** 2015 US 27 SOUTH  
**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

02/29/2012

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

\_\_\_\_\_  
Date