


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003228</b> 1. Entity Name YOGI LYONS MINISTRIES, INC.	
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Principal Place of Business 173 MEADOWFIELD BLUFFS ROAD YULEE, FL 32097	Mailing Address 173 MEADOWFIELD BLUFFS ROAD YULEE, FL 32097
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04122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-0573617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LYONS, LEONARD L 173 MEADOWFIELD BLUFFS ROAD YULEE, FL 32097
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LYONS, LEONARD L 173 MEADOWFIELD BLUFFS ROAD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LYONS, DEBORAH L 173 MEADOWFIELD BLUFFS ROAD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LYONS, JOSHUA L 173 MEADOWFIELD BLUFFS ROAD YULEE, FL 32097
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000122759  
04/21/04-80042-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/20/04 Date	(904) 225-3835 Daytime Phone #
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