2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007
Secretary of State

DOCUMENT# N02000006440

Entity Name: LCCP MINISTRIES INCORPORATED

Current Principal Place of Business:

190 510 STREET SE
OLD TOWN, FL 326809695

New Principal Place of Business:

190 510 STREET SE
OLD TOWN, FL 32680

Current Mailing Address:

190 510 STREET SE
OLD TOWN, FL 326809695

New Mailing Address:

PO BOX 1680
CROSS CITY, FL 32628

FEI Number: 05-0536027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

PERRAULT, LEO J JR
190 150 STREET SE
OLD TOWN, FL 326809695 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:	PEDT	( ) Delete
Name:	PERRAULT, LEO J JR	
Address:	190 150 STREET SE	
City-St-Zip:	OLD TOWN, FL 326809695	
Title:	EAV	( ) Delete
Name:	PERRAULT, PATRICIA A	
Address:	190 510 STREET SE	
City-St-Zip:	OLD TOWN, FL 326809695	
Title:	DS	( ) Delete
Name:	LAMBERT, CYNTHIA J	
Address:	2438 28 STREET NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	S	( ) Delete
Name:	LAMBERTBOGGS, ROBIN S	
Address:	9209 SEMINOLE BLVD	
City-St-Zip:	SEMINOLE, FL 33708	
Title:	D	(X) Delete
Name:	MERCER, JOSEPH D	
Address:	17990 N W HWY 19	
City-St-Zip:	FANNING SPRINGS, FL 32693	
Title:	MD	(X) Delete
Name:	DARKINS, CAROL J	
Address:	164 SE 692 ST	
City-St-Zip:	OLD TOWN, FL 32680	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PEDT	(X) Change ( ) Addition
Name:	PERRAULT, LEO J JR	
Address:	190 150 STREET SE	
City-St-Zip:	OLD TOWN, FL 32680	
Title:	EAV	(X) Change ( ) Addition
Name:	PERRAULT, PATRICIA A	
Address:	190 510 STREET SE	
City-St-Zip:	OLD TOWN, FL 32680	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DA	(X) Change ( ) Addition
Name:	OKEEFE, SHAUN P	
Address:	86 DOVER STREET	
City-St-Zip:	LOWELL, MA 01851	
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 exemption stated 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 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: LEO J PERRAULT JR PEDT 08/29/2007

Electronic Signature of Signing Officer or Director — Date