

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000707

FILED
Feb 21, 2005
Secretary of State

Entity Name: L J MINISTRIES, INC.

Current Principal Place of Business:

4925 LANCER DR.
SEBRING, FL 33876

New Principal Place of Business:

Current Mailing Address:

4925 LANCER DR.
SEBRING, FL 33876

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITENOUR, ANTHONY L
551 SOUTH COMMERCE AVE.
SEBRING, FL 33870 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: D () Delete
Name: OVERFIELD, LARRY J
Address: 4925 LANCER DR.
City-St-Zip: SEBRING, FL 33876

Title: D () Delete
Name: OVERFIELD, MARY A
Address: 4925 LANCER DR.
City-St-Zip: SEBRING, FL 33876

Title: D () Delete
Name: OVERFIELD, SHANE E
Address: 12651 GLEN ABBEY
City-St-Zip: GRAND ISLAND, FL 32735

Title: D () Delete
Name: OVERFIELD, JENNIFER C
Address: 12651 GLEN ABBEY
City-St-Zip: GRAND ISLAND, FL 32735

Title: D () Delete
Name: MCKAY, ROBERT
Address: 1401 PALM DRIVE
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: MCKAY, CONNIE
Address: 1401 PALM DRIVE
City-St-Zip: LORIDA, FL 33857

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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 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 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: LARRY J. OVERFIELD

D

02/21/2005

Electronic Signature of Signing Officer or Director

Date