2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000707

Entity Name: L J MINISTRIES, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4925 LANC SEBRING,							
Current Mailing Address:				New Mailing Address:			
4925 LANC SEBRING,							
FEI Number:	81-0593185	FEI Number Applied For ()	FEI Number N	ot Appli	icable ()	Certificate of Stat	us Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
ABLISS, CLIFFORD M III 551 SOUTH COMMERCE AVE. SEBRING, FL 33870 US				ABLES, CLIFFORD M III 551 SOUTH COMMERCE AVE. SEBRING, FL 33870 US			
The above in the State		ubmits this statement for the pur	rpose of char	nging it	ts registered offi	ice or registere	d agent, or both,
SIGNATURE: CLIFFORD M ABLES III				04/16/2008			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () I OVERFIELD, LA 4925 LANCER D SEBRING, FL 33	R.	Title: Name Addre City-S	ss:	() C	Change () Additio	n
Title: Name: Address: City-St-Zip:	D () I OVERFIELD, MA 4925 LANCER D SEBRING, FL 33	R.	Title: Name Addre City-S	ss:	() C	Change()Additio	n
Title: Name: Address: City-St-Zip:	D () I OVERFIELD, SH 12651 GLEN AB GRAND ISLAND,	BEY	Title: Name Addre City-S		D (X) C HARDY, EARL 1316 NANCESOV SEBRING, FL 33		n
Title: Name: Address: City-St-Zip:	D () I OVERFIELD, JEI 12651 GLEN AB GRAND ISLAND,	BEY	Title: Name Addre City-S		D (X) C LAMB, DON 4400 LAKEVIEW SEBRING, FL 33		n
Title: Name: Address: City-St-Zip:	D () I MCKAY, ROBER 1401 PALM DRIV LORIDA, FL 338	/E	Title: Name Addre City-S	ss:	D (X) C MCKAY, ROBERT 1321 OSPREY C LORIDA, FL 338	OVE DR	n
Title: Name: Address: City-St-Zip:	D () I MCKAY, CONNIE 1401 PALM DRIV LORIDA, FL 338	/E	Title: Name Addre City-S	ss:	D (X) C MCKAY, CONNIE 1321 OSPREY CO LORIDA, FL 338	OVE DR	n

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: LARRY J OVERFIELD PRES 04/16/2008