

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001888

FILED  
May 01, 2005  
Secretary of State

Entity Name: LAMAR SIMMONS MINISTRIES, INC.

## Current Principal Place of Business:

P.O. BOX 4081  
TALLAHASSEE, FL 32315

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4081  
TALLAHASSEE, FL 32315

## New Mailing Address:

FEI Number: 74-3120299      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:

MANION, BUFORD  
1672 MISSION RD  
TALLAHASSEE, FL 32303      US

## Name and Address of New Registered Agent:

CUNNINGHAM, JULIA E DIR  
1500-B MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308      US

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: JULIA E. CUNNINGHAM

05/01/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C      ( ) Delete  
Name: SIMMONS, LAMAR  
Address: P.O. BOX 4081  
City-St-Zip: TALLAHASSEE, FL 32315

Title: D      ( ) Delete  
Name: MANION, BUFORD  
Address: 1672 MISSION RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T      ( ) Delete  
Name: CUNNINGHAM, JULIA  
Address: P.O. BOX 4081  
City-St-Zip: TALLAHASSEE, FL 32315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D      (X) Change ( ) Addition  
Name: CUNNINGHAM, JULIA  
Address: 1500-B MICCOSUKEE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: AD      (X) Change ( ) Addition  
Name: BROWN, KENNETH E  
Address: 2202 W. PENSACOLA ST., #24  
City-St-Zip: TALLAHASSEE, FL 32304

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: JULIA E. CUNNINGHAM

DIR

05/01/2005

Electronic Signature of Signing Officer or Director

Date