

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001888

FILED
Apr 29, 2006
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:

1500 MICCOSUKKEE ROAD
TALLAHASSEE, FL 32308

Current Mailing Address:

P.O. BOX 4081
TALLAHASSEE, FL 32315

New Mailing Address:

1500 MICCOSUKKEE ROAD
TALLAHASSEE, FL 32308

FEI Number: 74-3120299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUNNINGHAM, JULIA E DIR
1500-B MICCOSUKKEE ROAD
TALLAHASSEE, FL 32308 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: C () Delete
Name: SIMMONS, LAMAR
Address: P.O. BOX 4081
City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete
Name: CUNNINGHAM, JULIA
Address: 1500-B MICCOSUKKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SIMMONS, SAMUEL L
Address: 1500 MICCOSUKKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

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

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 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: JULIA E. CUNNINGHAM

DIR

04/29/2006

Electronic Signature of Signing Officer or Director

Date