

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002586

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** LAWANNA STROWBRIDGE MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

289 S.W. 2ND COURT  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

289 S.W. 2ND COURT  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 27-0017944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STROWBRIDGE, LAWANNA V  
289 S.W. 2ND COURT  
DEERFIELD BEACH, FL 33441 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: P ( ) Delete  
Name: STROWBRIDGE, LAWANNA V  
Address: 289 S.W. 2ND COURT  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: S ( ) Delete  
Name: TIGNER, ARLENE  
Address: 889 S.W. 2ND AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: T ( ) Delete  
Name: MCNEAL, ANDRE'  
Address: 1421 N.W. 3RD WAY  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: BOWE, CAROL S  
Address: 246 SW COCONUT KEY WAY  
City-St-Zip: PORT ST. LUCIE, FL 34986

**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: D (X) Change ( ) Addition  
Name: MCNEAL, DELICIA  
Address: 1820 NW 2ND AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

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: LAWANNA V. STROWBRIDGE

PRES

04/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date