

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 11, 2008
Secretary of State**

DOCUMENT# N05000001816

Entity Name: LARRY SHARLEY INSTITUTE OF EVANGELISM, INC.

Current Principal Place of Business:

12501 OLD COLUMBIA PIKE
SILVER SPRIGNS, MD 20904

New Principal Place of Business:

Current Mailing Address:

12501 OLD COLUMBIA PIKE
SILVER SPRIGNS, MD 20904

New Mailing Address:

FEI Number: 20-2447490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

DEAN MEAD SERVICES, LLC
800 N MAGNOLIA AVE
STE 1500
ORLANDO, FL 32803 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: DC () Delete
Name: HAMBLIN, RAY
Address: 109 E LOGAN ST
City-St-Zip: TECUMSEH, MI 49286

Title: DS () Delete
Name: THOMSEN, HALVARD B
Address: 12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRINGS, MD 20904

Title: D () Delete
Name: BLANCO, JACK
Address: 8832 FINNEY POINT DR
City-St-Zip: OOLTEWAH, TN 37363

Title: D () Delete
Name: CAULEY, MICHAEL
Address: 1225 GOLF POINT LOOP
City-St-Zip: APOPKA, FL 327122174

Title: D () Delete
Name: GIBBS, GARY
Address: 12501 OLD COLUMBIA PIKE
City-St-Zip: SILVER SPRINGS, MD 20904

Title: D () Delete
Name: GRAY, DON
Address: 13303 SE MCGILLIVRAY BLVD
City-St-Zip: VANCOUVER, WA 98683

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
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: NORTON, KENNETH
Address: 636 N WYMORE RD
City-St-Zip: WINTER PARK, FL 32789

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

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: HALVARD B THOMSEN

Electronic Signature of Signing Officer or Director

MR

07/11/2008

Date