

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001816

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** LARRY SHARLEY INSTITUTE OF EVANGELISM, INC.

**Current Principal Place of Business:**

12501 OLD COLUMBIA PIKE  
SILVER SPRING, MD 20904

**New Principal Place of Business:**

**Current Mailing Address:**

12501 OLD COLUMBIA PIKE  
SILVER SPRING, MD 20904

**New Mailing Address:**

P.O. BOX 1943  
LADY LAKE, FL 32159

**FEI Number:** 20-2447490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: HAMBLIN, RAY  
Address: 109 E LOGAN ST  
City-St-Zip: TECUMSEH, MI 49286

Title: DS  
Name: SCOTT, MOORE D  
Address: 1725 RIDGEMOOR DRIVE  
City-St-Zip: MASCOTTE, FL 34753

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

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

Title: DP  
Name: MOORE, SCOTT  
Address: 1725 RIDGEMOOR DRIVE  
City-St-Zip: MASCOTTE, FL 34753

I hereby 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 all other like empowered.

**SIGNATURE:** SCOTT MOORE

DP

02/18/2010

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

\_\_\_\_\_  
Date