

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006359

FILED
Feb 01, 2006
Secretary of State

Entity Name: LAST MINUTE MINISTRIES, INC

Current Principal Place of Business:

8647 CRATER TERR
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

8647 CRATER TERR
LAKE PARK, FL 33403 US

New Mailing Address:

FEI Number: 20-2932877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANTZ, ANNIE REV
8647 CRATER TERR
LAKE PARK, FL 33403 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: MANTZ, ANNIE REV
Address: 8647 CRATER TERR
City-St-Zip: LAKE PARK, FL 33403 US

Title: VP () Delete
Name: MANTZ, G W PASTOR
Address: 8647 CRATER TERR
City-St-Zip: LAKE PARK, FL 33403 US

Title: TREA () Delete
Name: FORTNEY, ALICIA A
Address: 8647 CRATER TERR
City-St-Zip: LAKE PARK, FL 33403 US

Title: E () Delete
Name: ZENTKOVICH, DIANA
Address: 3531 PINE NEEDLE DR. APT C-1
City-St-Zip: GREENACRES CITY, FL 33463

Title: E () Delete
Name: SHIELDS, KIM
Address: 9153 ROAN LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: E () Delete
Name: RODRIGUEZ, DANNY
Address: 9153 ROAN LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: E (X) Change () Addition
Name: CI FUENTES, CLARA PASTOR
Address: 9153 ROAN LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: REV ANNIE MANTZ

P

02/01/2006

Electronic Signature of Signing Officer or Director

Date