


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010738	
1. Entity Name LEA'S PRAYERS AND POSTAGE, INC.	

Principal Place of Business 1203 GARFIELD AVENUE MASARYKTOWN, FL 34604	Mailing Address POST OFFICE BOX 9000 MASARYKTOWN, FL 34604
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 77-0663896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLS, DELORES G 1203 GARFIELD AVENUE MASARYKTOWN, FL 34604

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	02/27/08-80059-025 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLS, DELORES G 1203 GARFIELD AVENUE MASARYKTOWN, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLS, ROBERT L 1203 GARFIELD AVENUE MASARYKTOWN, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NEILSON, DEBORAH 147 WASHINGTON AVENUE MASARYKTOWN, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STOKEY, DIAN 17089 SQUIRREL PRAIRIE ROAD MASARYKTOWN, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *X DeLores G Mills* **02-14-08 352 428 8564**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #