

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010738

FILED
Feb 16, 2009
Secretary of State

Entity Name: LEA'S PRAYERS AND POSTAGE, INC.

Current Principal Place of Business:

1203 GARFIELD AVENUE
MASARYKTOWN, FL 34604

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 9000
MASARYKTOWN, FL 34604

New Mailing Address:

FEI Number: 77-0663896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, DELORES G
1203 GARFIELD AVENUE
MASARYKTOWN, FL 34604 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: DP () Delete
Name: MILLS, DELORES G
Address: 1203 GARFIELD AVENUE
City-St-Zip: MASARYKTOWN, FL 34604

Title: DV () Delete
Name: MILLS, ROBERT L
Address: 1203 GARFIELD AVENUE
City-St-Zip: MASARYKTOWN, FL 34604

Title: DS () Delete
Name: NEILSON, DEBORAH
Address: 147 WASHINGTON AVENUE
City-St-Zip: MASARYKTOWN, FL 34604

Title: DT () Delete
Name: STOKEY, DIAN
Address: 17089 SQUIRREL PRAIRIE ROAD
City-St-Zip: MASARYKTOWN, FL 34604

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:

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: DELORES G MILLS

DP

02/16/2009

Electronic Signature of Signing Officer or Director

Date