

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010738

**FILED**  
**Feb 12, 2011**  
**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:**

1203 GARFIELD AVENUE  
MASARYKTOWN, FL 34604

**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  
Name: MILLS, DELORES G  
Address: 1203 GARFIELD AVENUE  
City-St-Zip: MASARYKTOWN, FL 34604

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

Title: DS  
Name: KENDAL ZABE, JANICE  
Address: 3178 AZALEA DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: DT  
Name: PEACOCK, PHOEBE  
Address: 24077 MARTIN DRIVE  
City-St-Zip: BROOKSVILLE, FL 34601

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:** DELORES G MILLS

DP

02/12/2011

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

\_\_\_\_\_  
Date