2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

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Entity Name: MARION LOWELL MINISTRIES, INC.

Current Principal Place of Business:

C/O DR. JOHN F. STEINER
36621 SUNDANCE DRIVE
GRAND ISLAND, FL 32735

New Principal Place of Business:

C/O DR. JOHN F. STEINER
5464 S.E. 142ND ST
SUMMERFIELD, FL 34491 US

Current Mailing Address:

C/O DR. JOHN F. STEINER
36621 SUNDANCE DRIVE
GRAND ISLAND, FL 32735

New Mailing Address:

C/O DR. JOHN F. STEINER
5464 S.E. 142ND ST
SUMMERFIELD, FL 34491 US

FEI Number: 20-5881602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEINER, PAMELA M MRS.
36621 SUNDANCE DRIVE
GRAND ISLAND, FL 32735 US

Name and Address of New Registered Agent:

STEINER, PAMELA M MRS.
5464 S.E. 142ND ST
SUMMERFIELD, FL 34491 US

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: _____ 04/10/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEINER, JOHN F DR.
Address: 36621 SUNDANCE DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

Title: D ( ) Delete
Name: DANIEL, DORA M MS.
Address: POST OFFICE BOX 318
City-St-Zip: LOWELL, FL 32663

Title: D ( ) Delete
Name: HASSAN, RUTH MS.
Address: 6325 BERKSHIRE PASS
City-St-Zip: LEESBURG, FL 34748

Title: D ( ) Delete
Name: JOHNSON, WAYMON MR.
Address: 138 E. WASHINGTON STREET
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STEINER, JOHN F DR.
Address: 5464 S.E. 142ND ST
City-St-Zip: SUMMERFIELD, FL 34491 US

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 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: JOHN F. STEINER D 04/10/2007
Electronic Signature of Signing Officer or Director — Date