

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011596

FILED
Mar 29, 2008
Secretary of State

Entity Name: MARION LOWELL MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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: () 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: JOHN F. STEINER

D

03/29/2008

Electronic Signature of Signing Officer or Director

_____ Date