

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003841

FILED  
Mar 08, 2008  
Secretary of State

Entity Name: LISA TOWE MINISTRIES, INC.

## Current Principal Place of Business:

2831 AFFIRMED CT  
GREEN COVE SPRINGS, FL 320435215

## New Principal Place of Business:

1948 BIG CYPRESS DR  
ST. CLOUD, FL 34771

## Current Mailing Address:

2831 AFFIRMED CT  
GREEN COVE SPRINGS, FL 320435215

## New Mailing Address:

1948 BIG CYPRESS DR  
ST. CLOUD, FL 34771

FEI Number: 20-8877079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: P ( ) Delete  
Name: TOWE, LISA A REV  
Address: 2831 AFFIRMED CT  
City-St-Zip: GREEN COVE SPRINGS, FL 320435215

Title: S ( ) Delete  
Name: AUSTIN, ELIZABETH REV  
Address: 2831 AFFIRMED CT  
City-St-Zip: GREEN COVE SPRINGS, FL 320435215

Title: T ( ) Delete  
Name: WIGGINS, ALLAN REV  
Address: 2831 AFFIRMED CT  
City-St-Zip: GREEN COVE SPRINGS, FL 320435215

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: TOWE, LISA A REV  
Address: 1948 BIG CYPRESS DR  
City-St-Zip: ST. CLOUD, FL 34771

Title: S (X) Change ( ) Addition  
Name: AUSTIN, ELIZABETH REV  
Address: 1948 BIG CYPRESS DR  
City-St-Zip: ST. CLOUD, FL 34771

Title: T (X) Change ( ) Addition  
Name: WIGGINS, ALLAN REV  
Address: 1948 BIG CYPRESS DR  
City-St-Zip: ST. CLOUD, FL 34771

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: LISA TOWE

PRES

03/08/2008

Electronic Signature of Signing Officer or Director

Date