

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000003841

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** LISA TOWE MINISTRIES, INC.

**Current Principal Place of Business:**

1946 LAZY OAKS LOOP  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

1946 LAZY OAKS LOOP  
ST. CLOUD, FL 34771

**New Mailing Address:**

**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  
**Name:** WIGGINS, LISA A REV  
**Address:** 1946 LAZY OAKS LOOP  
**City-St-Zip:** ST. CLOUD, FL 34771

**Title:** S  
**Name:** HICKS, DAWN SEC  
**Address:** 1722 SILVERCREEK CRT #104  
**City-St-Zip:** ORLANDO, FL 32807

**Title:** T  
**Name:** WIGGINS, ALLAN REV  
**Address:** 1946 LAZY OAKS LOOP  
**City-St-Zip:** ST. CLOUD, FL 34771

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:** LISA WIGGINS

PRES

02/16/2010

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

\_\_\_\_\_  
Date