2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N07000006978

Entity Name: LORENZO & ANDREA SPENCER MINISTRIES INC.

Current Principal Place of Business:

2211 SE 24 PLACE
HOMESTEAD, FL 33035

New Principal Place of Business:

Current Mailing Address:

P.O BOX 6882
NEW ORLEANS, LA 70174

New Mailing Address:

FEI Number: 20-8080303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPENCER, LORENZO
2211 SE 24 PLACE
HOMESTEAD, FL 33162 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: PT ( ) Delete
Name: SPENCER, ANDREA
Address: 2211 SE 24 PLACE
City-St-Zip: HOMESETAD, FL 33035

Title: VP ( ) Delete
Name: SPENCER, LORENZO
Address: 2211 SE 24 PLACE
City-St-Zip: HOMESTEAD, FL 33035

Title: T ( ) Delete
Name: SPENCER-THOMPSON, AZARIA
Address: 2411 SE 24 PLACE
City-St-Zip: HOMESTEAD, FL 33035

Title: S ( ) Delete
Name: SPENCER, LORENZO J
Address: 2211 SE 24 PLACE
City-St-Zip: HOMESTEAD, FL 33035

Title: R ( ) Delete
Name: SPENCER, ISAIAH Q
Address: 221 SE 24 PLACE
City-St-Zip: HOMESTEAD, FL 33035

Title: PR ( ) Delete
Name: SPENCER, MARIAH A
Address: 2211 SE 24 PLACE
City-St-Zip: HOMESTEAD, FL 33035

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:

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: LORENZO SPENCER VP 01/21/2009

Electronic Signature of Signing Officer or Director — Date