


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90045 040 \*\*\*\*61.25

<b>DOCUMENT # N92000000188</b>					
<b>1. Entity Name</b> LANGFORD MINISTRIES, INC.					
<b>Principal Place of Business</b> 1441 S.E. 41ST PLACE GAINESVILLE FL 32641 US			<b>Mailing Address</b> 1441 S.E. 41ST PLACE GAINESVILLE FL 32641 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Same		<b>3. Mailing Address</b> Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3175932	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LANGFORD, NEALIE 1441 S.E. 41ST PLACE GAINESVILLE FL 32641			<b>7. Name and Address of New Registered Agent</b> Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> N/A					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By: May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PSD <b>NAME</b> LANGFORD, NEALIE <b>STREET ADDRESS</b> 1441 S.E. 41ST PLACE <b>CITY-ST-ZIP</b> GAINESVILLE FL 32641	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VPD <b>NAME</b> EDWARDS, EDDIE <b>STREET ADDRESS</b> 3101 N.E. 15TH STREET, APT. G55 <b>CITY-ST-ZIP</b> GAINESVILLE FL 32609	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> TD <b>NAME</b> WASHTINGTON, MILDRED <b>STREET ADDRESS</b> BOX 15059 GUNTER RD <b>CITY-ST-ZIP</b> SANDERSON FL 32087	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	1141 NE 24th Terr, Gainesville, FL 32641	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Nealie Langford PSD Nealie Langford</u> <u>4/8/08</u> <u>352-283-8056</u>					