

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90017 039 ****61.25

DOCUMENT # N96000002147

1. Entity Name

LARRY D. FORD MINISTRIES, INC.



Principal Place of Business

11000 METRO PKWY #1A
FORT MYERS FL 33912

Mailing Address

11000 METRO PKWY #1A
FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0683777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, SHERRYL
18210 SANDY PINES CIRCLE
FORT MYERS FL 33917

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MELVIN, RICHARD	
STREET ADDRESS	33 SHERIDAN RD	
CITY-ST-ZIP	POLAND OH 44514	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SCHWARTZ, LESA	
STREET ADDRESS	14045 CRESCENT BAY BLVD. 10809 Arrow Tree Blvd.	
CITY-ST-ZIP	CLERMONT FL 34714 34715	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FORD, SHERRYL	
STREET ADDRESS	18210 SANDY PINES CIRCLE	
CITY-ST-ZIP	FT MYERS FL 33917	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASH, THOMAS	
STREET ADDRESS	2111 SW 48TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAXWELL, CATHY	
STREET ADDRESS	P.O. BOX 805	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	Joel Vega	<input type="checkbox"/> Delete
NAME	11520 Plantation Preserve Circle	
STREET ADDRESS	Fort Myers, FL 33912	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/05