FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000003648 (0) DOCUMENT # 1. Corporation Name

LEN MINISTRIES, INC.

Principal Place of Business

695 HIGHWAY A1A NORTH 49 FOUNTAINS 695 HIGHWAY ATA NORTH 49 FOUNTAINS PONTE VEDRA BEACH FL 32082-2792 PONTE VEDRA BEACH FL 32082 3. Date Incorporated or Qualified 07/09/1996 3a. Date of Last Report 2. Principal Place of Business 4. FEI Number 59-3391421 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıp Country Zip Country 8. This corporation has liability for intangible taxunder s. 199.032, Florida Statutes Yes No 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHOWALTER, LENARD M JR. Street Address (P.O. Box Number is Not Acceptable) **695 HIGHWAY A1A NORTH 49 FOUNTAINS** PONTE VEDRA BEACH FL 32082 83 84 City Zip Code 11. Pursuent to the provisions of Sections 617.0502 and 647.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familial with producing the pulligation of Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition RITLE DELETE 1.1 TITLE ☐ Change LANE, JAMES DR. NAME 1.2 NAME 4006 LONG POND PLACE 1.3 STREET ADDRESS STREET ADORESS PONTE VEDRA BEACH FL 32082 1.4 CITY-ST-ZIP CITY-ST-7IP TITLE ■ DELETE 2.1 TITLE GIBBS, KEITH NAME 22 NAME 78 TALLWOOD ROAD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32250 CITY - ST - ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE NAME GARZA, TOM 3.2 NAME **509 BEACHCOMBER DRIVE** 3.3 STREET ADDRESS STREET ADDRESS **NEPTUNE BEACH FL 32266** CITY-ST-ZIP 3.4. CITY-ST-ZIP

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this Hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of suppliemental annual 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 of the received or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if director of the corporation of the c

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

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SIGNATURE:

TITLE

NAME

TIBLE

NAME STREET ADDRESS

THILE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

STREET ADDRESS

FRANKS, GREG

32 OAKWOOD Rd

JACKSONVILLE BEACH, FL 32250

3/18/97 (904)280-9989

TRUSTEE

Change

Change

Addition

Addition

Addition

FILED

Apr 04 1997 8:00am

Secretary of State