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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003648

1. Corporation Name

LEN MINISTRIES, INC.

Principal Place of Business

Mailing Address

695 HIGHWAY A1A NORTH 49 FOUNTAINS
 PONTE VEDRA BEACH FL 32082

695 HIGHWAY A1A NORTH 49 FOUNTAINS
 PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/09/1996

23 City & State

27 City & State

4. FEI Number
 59-3391421

Applied For
 Not Applicable

24 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHOWALTER, LENARD M JR.
 695 HIGHWAY A1A NORTH 49 FOUNTAINS
 PONTE VEDRA BEACH FL 32082

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

LENARD M. SHOWALTER, JR.

1/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME DT
 STREET ADDRESS LANE, JAMES DR.
 CITY-ST-ZIP 4006 LONG POND PLACE
 PONTE VEDRA BEACH FL

1.1 TITLE Change Addition
 1.2 NAME D
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME DT
 STREET ADDRESS GIBBS, KEITH
 CITY-ST-ZIP 78 TALLWOOD ROAD
 JACKSONVILLE FL

2.1 TITLE Change Addition
 2.2 NAME D
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME T
 STREET ADDRESS FRANKS, GREG
 CITY-ST-ZIP 32 OAKWOOD RD
 JACKSONVILLE FL

3.1 TITLE Change Addition
 3.2 NAME D
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME PRESIDENT
 4.3 STREET ADDRESS LENARD M. SHOWALTER, JR.
 4.4 CITY-ST-ZIP 695 HWY. A1A NORTH, 49 FOUNTAINS
 PONTE VEDRA BEACH, FL 32082

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME SECRETARY / TREASURER
 5.3 STREET ADDRESS MARCIA R. SHOWALTER
 5.4 CITY-ST-ZIP 695 HWY. A1A NORTH, 49 FOUNTAINS
 PONTE VEDRA BEACH, FL 32082

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

LENARD M. SHOWALTER, JR. 1/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-280-9989

CR2E037 (1/98)