

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003648

1. Entity Name

LEN MINISTRIES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90017 026 ****70.00

Principal Place of Business 695 HIGHWAY A1A NORTH 49 FOUNTAINS PONTE VEDRA BEACH FL 32082	Mailing Address 695 HIGHWAY A1A NORTH 49 FOUNTAINS PONTE VEDRA BEACH FL 32082
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-3391421	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE: **LENARD M. SHOWALTER, JR.** 2/13/2000
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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: LANE, JAMES DR. STREET ADDRESS: 4006 LONG POND PLACE CITY-ST-ZIP: PONTE VEDRA BEACH FL	<input type="checkbox"/> Delete
TITLE: D NAME: GIBBS, KEITH STREET ADDRESS: 78 TALLWOOD ROAD CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE: D NAME: FRANKS, GREG STREET ADDRESS: 32 OAKWOOD RD CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE: P NAME: SHOWALTER, LENARD M STREET ADDRESS: 695 HWY A1A NORTH, 49 FOUNTAINS CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE: ST NAME: SHOWALTER, MARCIA R STREET ADDRESS: 695 HWY A1A NORTH, 49 FOUNTAINS CITY-ST-ZIP: PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SARTORIS, DENNIS STREET ADDRESS: 14855 PLUMOSA DR. CITY-ST-ZIP: JACKSONVILLE, FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GRONDIN, JACK STREET ADDRESS: PO Box '330513 CITY-ST-ZIP: ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SULLIVAN, JIM STREET ADDRESS: 2339 INDIAN SPRINGS DR. CITY-ST-ZIP: JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FRANKS, GREG STREET ADDRESS: 59 TALLWOOD RD. CITY-ST-ZIP: JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 emp. awarded.

SIGNATURE: **LENARD M. SHOWALTER, JR.** 2/13/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)