

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90078 008 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000003648**

1. Entity Name  
**LEN MINISTRIES, INC.**

Principal Place of Business      Mailing Address  
~~13856 SO. DANFORTH DRIVE~~      ~~13856 SO. DANFORTH DRIVE~~  
 JACKSONVILLE FL 32224      JACKSONVILLE FL 32224

2. Principal Place of Business      3. Mailing Address  
**13856 DANFORTH DR. SO.**      **13856 DANFORTH DR. SO.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3391421**      Applied For  
 Not Applicable

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

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 **SHOWALTER, LENARD M. JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13856 DANFORTH DR. SO.**  
 City **JACKSONVILLE**      FL      Zip Code **32224**

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 McNEAL SHOWALTER, JR. PRESIDENT**      1/3/01  
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LANE, JAMES DR. 4006 LONG POND PLACE PONTE VEDRA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIBBS, KEITH 78 TALLWOOD ROAD JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FRANKS, GREG 59 TALLWOOD RD JACKSONVILLE BEACH FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SHOWALTER, LENARD M <del>695 HWY A1A NORTH, 49 FOUNTAINS</del> <del>PONTE VEDRA BEACH FL 32082</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete SHOWALTER, MARCIA R <del>695 HWY A1A NORTH, 49 FOUNTAINS</del> <del>PONTE VEDRA BEACH FL 32082</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SARTORIS, DENNIS 14855 PLUMOSA DR. JACKSONVILLE FL 32250

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13856 DANFORTH DR. SO. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13856 DANFORTH DR. SO. JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D GILBERT GIBBS 1309 TRAILWOOD CT. NEPTUNE BEACH, FL 32266

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: **LENARD McNEAL SHOWALTER, JR**      1/3/01      (904) 992-0545  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (10/00)