

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90028 012 *****70.00

DOCUMENT # N96000003648
 1. Entity Name
LEN MINISTRIES, INC.

Principal Place of Business 13856 DANFORTH DRIVE SO. JACKSONVILLE FL 32224	Mailing Address 13856 DANFORTH DRIVE SO. JACKSONVILLE FL 32224
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country


 DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**SHOWALTER, LENARD M JR.
 13856 DANFORTH DR. S.
 JACKSONVILLE FL 32224**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

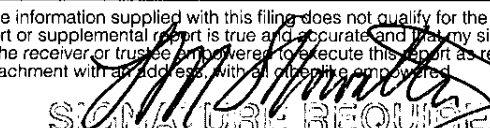
10. OFFICERS AND DIRECTORS

TITLE NAME D* LANE, JAMES DR. STREET ADDRESS 4006 LONG POND PLACE CITY-ST-ZIP PONTE VEDRA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME D GIBBS, KEITH STREET ADDRESS 78 TALLWOOD ROAD CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D FRANKS, GREG STREET ADDRESS 59 TALLWOOD RD CITY-ST-ZIP JACKSONVILLE BEACH FL 32250	<input type="checkbox"/> Delete
TITLE NAME P SHOWALTER, LENARD M STREET ADDRESS 13856 DANFORTH DR. SO. CITY-ST-ZIP JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME ST SHOWALTER, MARCIA R STREET ADDRESS 13856 DANFORTH DR. SO CITY-ST-ZIP JACKSONVILLE FL 32224	<input type="checkbox"/> Delete
TITLE NAME D GIBBS, GILBERT STREET ADDRESS 1309 TRAILWOOD CT. CITY-ST-ZIP NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D BARBARA BLACK STREET ADDRESS 5780 FAIRWOOD TRACE CITY-ST-ZIP ACWORTH, GA 30101	<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 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

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:  **3/4/02** **(904) 992-0545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)