


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003648 1. Entity Name LEN MINISTRIES, INC.	
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Principal Place of Business 13856 DANFORTH DRIVE SO. JACKSONVILLE FL 32224	Mailing Address 13856 DANFORTH DRIVE SO. JACKSONVILLE FL 32224
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3391421	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State		
Zip	Country	Zip	Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D LANE, JAMES DR. 4006 LONG POND PLACE PONTE VEDRA BEACH FL	<input type="checkbox"/>
TITLE	D BLACK, BARBARA 5780 FAIRWOOD TRACE ACWORTH GA 30101	<input type="checkbox"/>
TITLE	S WHALEN, KAREN 9090 HAMPTON LANDING DR. E. JACKSONVILLE FL 32256	<input type="checkbox"/>
TITLE	P SHOWALTER, LENARD M 13856 DANFORTH DR. SO. JACKSONVILLE FL 32224	<input type="checkbox"/>
TITLE	T SHOWALTER, MARCIA R 13856 DANFORTH DR. SO JACKSONVILLE FL 32224	<input type="checkbox"/>
TITLE	D GIBBS, GILBERT 1309 TRAILWOOD CT. NEPTUNE BEACH FL 32266	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000073696 03/02/04-80046-020 70.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a address, with all other like empowered.

SIGNATURE:  **L.M. SHOWALTER, JR** 2/28/04 (904) 992-0545

Date Daytime Phone #