

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


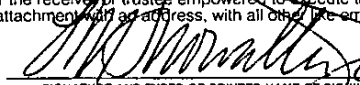
**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90025 023 \*\*\*\*70.00

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01082006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N96000003648</b>					
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		
2. Principal Place of Business			3. Mailing Address		
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 <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHOWALTER, LENARD M JR. 13856 DANFORTH DR. S. JACKSONVILLE, FL 32224			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LANE, JAMES DR.		NAME		
STREET ADDRESS	4006 LONG POND PLACE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLACK, BARBARA		NAME		
STREET ADDRESS	5780 FAIRWOOD TRACE		STREET ADDRESS		
CITY-ST-ZIP	ACWORTH, GA 30101		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHALEN, KAREN		NAME		
STREET ADDRESS	9090 HAMPTON LANDING DR. E.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHOWALTER, LENARD M		NAME		
STREET ADDRESS	13856 DANFORTH DR. SO.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHOWALTER, MARCIA R		NAME		
STREET ADDRESS	13856 DANFORTH DR. SO		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIBBS, GILBERT		NAME	D BRENT AYALA	
STREET ADDRESS	1309 TRAILWOOD CT.		STREET ADDRESS	2541 MICHAELSON WAY	
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266		CITY-ST-ZIP	JACKSONVILLE, FL 32223	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 titles empowered.					
SIGNATURE: 		L.M. SHOWALTER, JR		1/8/6 (904) 992-0545	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	