


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90023 046 ****70.00

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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3391421	Applied For <input type="checkbox"/> 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
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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 _____ DATE _____
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
Due By May 1, 2007

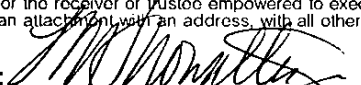
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete LANE, JAMES DR. 4006 LONG POND PLACE PONTE VEDRA BEACH FL
TITLE	D <input checked="" type="checkbox"/> Delete BLACK, BARBARA 5780 FAIRWOOD TRACE ACWORTH GA 30101
TITLE	S <input checked="" type="checkbox"/> Delete WHALEN, KAREN 9090 HAMPTON LANDING DR. E. JACKSONVILLE FL 32256
TITLE	P <input type="checkbox"/> Delete SHOWALTER, LENARD M 13856 DANFORTH DR. SO. JACKSONVILLE FL 32224
TITLE	T <input type="checkbox"/> Delete SHOWALTER, MARCIA R 13856 DANFORTH DR. SO JACKSONVILLE FL 32224
TITLE	D <input checked="" type="checkbox"/> Delete AYALA, BRENT 2541 MICHAELSON WAY JACKSONVILLE FL 32223

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DWIGHT PREHEIM P O BOX 208 ST. AUGUSTINE, FL 32085
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALBERT KAIOR, JR 18 VERCAGGIE DR. ST. AUGUSTINE, FL 32080
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY ST ZIP
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVE ETLINGER 2110 DOBBS ROAD ST. AUGUSTINE, FL 32086

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:  **LENARD M. SHOWALTER, JR** 21 FEB 07 904-992-0545