


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.	

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	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 _____

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 _____
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
Due By May 1, 2007**

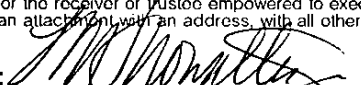
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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

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

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