


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90009 006 ****70.00

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



Principal Place of Business Mailing Address
13856 DANFORTH DRIVE SO. **13856 DANFORTH DRIVE SO.**
JACKSONVILLE FL 32224 **JACKSONVILLE FL 32224**



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

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For
59-3391421 No: Applicable

5. Certificate of Status Desired **\$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 _____ 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, 2008

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

Make Check Payable to Florida Department of State

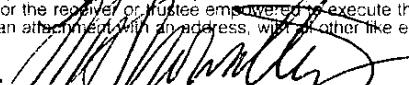
10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
NAME	PREHEIM, DWIGHT	
STREET ADDRESS	15 E STREET	
CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32080	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM WHISENANT	
STREET ADDRESS	10340 ARROW LAKES DR. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
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
NAME	STEVE ETLINGER	
STREET ADDRESS	425 SO. VILLA SAN MARCO DR., #305	
CITY-ST-ZIP	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 or other like empowered.

SIGNATURE:  **LENARD M. SHOWALTER, JR** 1/27/08 (904)992-0545