

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003648

FILED
Jan 16, 2012
Secretary of State

Entity Name: LEN MINISTRIES, INC.

Current Principal Place of Business:

13856 DANFORTH DRIVE SO.
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

13856 DANFORTH DRIVE SO.
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-3391421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOWALTER, LENARD M JR.
13856 DANFORTH DR. S.
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: COOK, WILLIAM
Address: 1081 MEADOW VIEW LANE
City-St-Zip: SAINT AUGUSTINE, FL 32082

Title: D
Name: RUSSI, SCOTT
Address: 984 S. 15TH STREET
City-St-Zip: JACKSONVILLE, FL 32250

Title: D
Name: WILLIAMS, AUBYN
Address: 11206 SHADY GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: P
Name: SHOWALTER, LENARD M
Address: 13856 DANFORTH DR. SO.
City-St-Zip: JACKSONVILLE, FL 32224

Title: T
Name: SHOWALTER, MARCIA R
Address: 13856 DANFORTH DR. SO
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: LANE, JIM
Address: 4006 LONG POND PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LENARD SHOWALTER

REV.

01/16/2012

Electronic Signature of Signing Officer or Director

Date