

ANNUAL REPORT (AR)

DOCUMENT # N97000001961

1. Entity Name

LOIS ROBERTS MINISTRIES, INC.



FILED
Feb 05, 2007 08:00 AM
Secretary of State

Principal Place of Business 1510 LONGBOW DRIVE LAKELAND FL 33810 US	Mailing Address LOIS ROBERTS MINISTRIES 1510 LONGBOW DRIVE LAKELAND FL 33810 US
--	---



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

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-3440923	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTS, LOIS 4444 U.S. 98 NORTH, LOT 398 LAKELAND FL 33809	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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ROBERTS, LOIS 1510 LONGBOW DRIVE LAKELAND FL 33810	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		U00000624344 02/14/07-80028-019 70.00
TITLE	TVP ROBERTS, CLAIRECE 102 FOREST BREEZE AVENUE BRANDON FL 33511	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	T ROBERTS, DAVID 4750 N WEST 120TH LOWELL FL 32663	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	T ROBERTS, BUDDY 2049 TAYLOR ROAD MYAKKA CITY FL 34251	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		

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: Lois B Roberts Date: 2/2/07