

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001961

FILED
Jan 31, 2009
Secretary of State

Entity Name: LOIS ROBERTS MINISTRIES, INC.

Current Principal Place of Business:

1510 LONGBOW DRIVE
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

LOIS ROBERTS MINISTRIES
1510 LONGBOW DRIVE
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 59-3440923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, LOIS
4444 U.S. 98 NORTH, LOT 398
LAKELAND, FL 33809 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: P () Delete
Name: ROBERTS, LOIS
Address: 1510 LONGBOW DRIVE
City-St-Zip: LAKELAND, FL 33810 US

Title: TV () Delete
Name: ROBERTS, CLAIRECE
Address: 940 DOUGLAS AVE UNIT 109
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: ROBERTS, DAVID
Address: 4750 N WEST 120TH
City-St-Zip: LOWELL, FL 32663

Title: T () Delete
Name: ROBERTS, BUDDY
Address: 2049 TAYLOR ROAD
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOIS B. ROBERTS

Electronic Signature of Signing Officer or Director

DIRE

01/31/2009

Date