


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000024085 1. Entity Name LAWRENCE INGRAM MINISTRIES, INC.	
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Principal Place of Business 409 SOUTH SALISBURY ST. DELAND, FL 32720	Mailing Address 409 SOUTH SALISBURY ST. DELAND, FL 32720
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04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3703416	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAM, LAWRENCE
 409 SOUTH SALISBURY ST.
 DELAND, FL 32720

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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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000305116
 04/14/05-80071-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, LAWRENCE 409 SOUTH SALISBURY ST. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, CHERYL 409 SOUTH SALISBURY ST. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, PAMELA 409 SOUTH SALISBURY ST. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: *Lawrence Ingram* 4-11-05 386-804-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #