

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111750

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: LORENZO & ANDREA SPENCER MINISTRIES INC.

## Current Principal Place of Business:

PO BOX 343870  
FLORIDA CITY, FL 33034 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 343870  
FLORIDA CITY, FL 33034 US

## New Mailing Address:

FEI Number: 20-8080303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

E-CONSULTING INCORPORATED  
16300 NE 19 AVENUE  
SUITE 215  
N MIAMI BEACH, FL 33162 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPENCER, ANDREA  
Address: PO BOX 343870  
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: VP ( ) Delete  
Name: SPENCER, LORENZO  
Address: PO BOX 343870  
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: T ( ) Delete  
Name: SPENCER, ANDREA  
Address: PO BOX 343870  
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: T ( ) Delete  
Name: THOMPSON-SPENCER, AZARIA  
Address: PO BOX 343870  
City-St-Zip: FLORIDA CITY, FL 33034 FL

Title: S ( ) Delete  
Name: SPENCER, LORENZO J  
Address: PO BOX 343870  
City-St-Zip: FLORIDA CITY, FL 33034 US

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORENZO SPENCER

VP

01/06/2007

Electronic Signature of Signing Officer or Director

Date