

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003648

**Entity Name:** LEN MINISTRIES, INC.

**Current Principal Place of Business:**

13856 DANFORTH DRIVE SOUTH  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

13856 DANFORTH DRIVE SOUTH  
JACKSONVILLE, FL 32224 US

**FEI Number:** 59-3391421

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHOWALTER, LENARD M JR.  
13856 DANFORTH DRIVE SOUTH  
JACKSONVILLE, FL 32224 US

*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:** LENARD MCNEAL SHOWALTER, JR.

02/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name COOK, WILLIAM & SUSAN  
Address 1081 MEADOW VIEW LANE  
City-State-Zip: SAINT AUGUSTINE FL 32082

Title VC  
Name RUSSI, SCOTT  
Address 984 SOUTH 15TH STREET  
City-State-Zip: JACKSONVILLE FL 32250

Title PRESIDENT  
Name SHOWALTER, LENARD M JR.  
Address 13856 DANFORTH DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32224

Title TREASURER  
Name SHOWALTER, MARCIA R  
Address 13856 DANFORTH DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR  
Name HAYWORTH, JOSEPH III  
Address 5489 NW EL DORADO BLVD  
City-State-Zip: BREMERTON WA 98312

Title CHAIRMAN  
Name SHOWALTER TOENIES, BETH M  
Address 2511 WINDING SPRING COURT  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name MEYNE, FRITZ & CHERYL  
Address 1298 BLUE HERON LANE N  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title DIRECTOR  
Name MURRAY, STEVE & NANCY  
Address 35 MOUNTAINSIDE TRAIL  
City-State-Zip: MARS HILL NC 28754

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*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:** MARCIA SHOWALTER

TREASURER

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            PALMER, JENNIFER

Address        31 W ADAMS STREET  
                  404

City-State-Zip: JACKSONVILLE FL 32202