



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 92415		2. Exact name of the Corporation LANCE WALLNAU MINISTRIES, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CHRISTIAN MINISTRY			
5. Principal office address 1209 Castle Cove Lane		City Keller		State TX	Zip 76262
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lance Wallnau		Vice-President Name Annabelle Wallnau			
Street Address 1209 Castle Cove Lane		Street Address 1209 Castle Cove Lane			
City Keller	State TX	Zip 76262	City Keller	State TX	Zip 76262
Secretary Name Paul Irwin		Treasurer Name Don Harris			
Street Address 2261 Brookhollow Plaza Dr. Ste 210		Street Address 3200 Dublin Rd			
City Arlington	State TX	Zip 76006	City Parker	State TX	Zip 75002
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Lance Wallnau		Director Name Annabelle Wallnau			
Street Address 1209 Castle Cove Lane		Street Address 1209 Castle Cove Lane			
City Keller	State TX	Zip 76262	City Keller	State TX	Zip 76262
Director Name Paul Irwin		Director Name Don Harris			
Street Address 2261 Brookhollow Plaza Dr. Ste 210		Street Address 3200 Dublin Rd			
City Arlington	State TX	Zip 76006	City Parker	State TX	Zip 75002
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer or Authorized Representative

12/18/15
Date

KATHLEEN L. MANNING, E.A.
Print or Type Name of Officer or Authorized Representative

Additional Directors of Lance Wallnau Ministries, Inc # 92415

John P Kelly
104 Waterfall Court
Colleyville, TX 76034

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