

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2016 Annual Report for the year: **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact na	ame of the Corporation	ion			
92415		LANCE WALLNAU MINISTRIES, INC				
3. State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	CHRISTIA	N MINISTRY				
5. Principal Office Address			City	State	Zip	
1209 CASTLE COVE LANE			KELLER	TX	76262	
6. List ALL officers (names and				Check the box to it	ndicate an attachment	
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 NamePAUL IRWIN			Treasurer Name DON H	ARRIS		
Street Address 2261 BROOKH	OLLOW PLA	ZA DR STE 210	Street Address 3200 DU		,	
City ARLINGTON	State TX	^{Zip} 76006	City PARKER	State TX	^{Zip} 75002	
7. List ALL directors (names an	d addresses). F	₹I Corporations MU!	ST list at least THREE dir			
Director Name LANCE WALLN			Director Name	Check the box to	o indicate an attachment	
			Director Name ANNABE			
Street Address 1209 CASTLE (· ,		Street Address 1209 CAS	STLE COVE LANE		
CityKELLER	State TX	^{Zip} 76262	CityKELLER	State TX	Zip 76262	
Director Name PAUL IRWIN			Director Name DON HAP	RRIS		
Street Address 2261 BROOKHOLLOW PLAZA DR STE 210			Street Address 3200 DUE			
City ARLINGTON	State TX	^{Zip} 76006	City PARKER	State TX	^{Zip} 75002	
8. Registered Agent in Rhode Is	land. This inform	nation is currently of re	cord in the Department of St	ate. Changes require filing	Form 641.	
Under penalty of perjury, I dec statements, and that all stater	clare and affirn	n that I have exami	ined this report includir	ng any accompanying	schedules and	
This report must be signed by either the F	President, Vice-Pres	sident, Secretary, Assistar	nt Secretary, Treasurer, duly Auth	norized Representative, Receiv	ver or Trustee.	
Name of Officer/Authorized Representative				Date	 	
ignature of Officer/Authorized R	Wai	Maain		Nec	15,16	
Annabe (C	epresentative	1 EIGNDOC	UMENT HERE			
						

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 1 6, 2016

FORM0631 - Revised: 05/2016

Additional Directors of Lance Wallnau Ministries, Inc # 92415

John P Kelly 104 Waterfall Court Colleyville, TX 76034