

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003822

1. Entity Name

LAZARUS MINISTRIES, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90075 048 \*\*\*\*61.25

Principal Place of Business 333 MCKENNY RD SANTA ROSA BEACH FL 32459 US	Mailing Address P O BOX 2159 SANTA ROSA BEACH FL 32459-2159 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3343836</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WEBSTER, CHRISTOPHER W  
 333 MCKENNY RD  
 SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEBSTER, CHRISTOPHER W 333 MCKENNY RD SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAMON, TIMOTHY T 326 HAMON AVE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEBSTER, TAMERA J 333 MCKENNY RD SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DAVIS, JAMES T 67 SUZANNE DR SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVIS, JAMES T 3665 LARROD DR. Lexington KY 40517	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/16/00 Daytime Phone #: 850 231 2600 (653)

CR2E037 (9/99)