NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
05-16-2002 90058 037 ****61.25

DOCUMENT # 767620

1. Entity Name

LAMBS FOR CHRIST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
21 N HEABURN AVE	21 N. HEPBURN AVE
Suite, Apt. #, etc. SUITE 22	Suite, Apt. #, etc. SUITE 22
City & State JUPITER FL	City & State JUPITER FL
Zip 33458 Country	Zip 33458 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2276085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROY WILEY

Street Address (P.O. Box Number is Not Acceptable) 21 N. HEPBURN AVE, STE 20

City JUPITER FL Zip Code 33458

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 Roy Wiley 4.30.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONNA WILEY Dir. 224 OCEAN DUNES CIR JUPITER FL 33458
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LILIAN B. CASEY Dir 3342 SW HOSANNAH LANE OKEECHOBEE FL 34237
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOHN ABUSO Dir 21 N. HEPBURN AVE, STE 20 JUPITER, FL 33458
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Wiley 4-30-02 561 744-6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #