

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001770**

1. Entity Name  
**URBAN ASSAULT MINISTRIES, INC.**



Principal Place of Business

2054 LOU AVE  
SNEADS, FL 32460

Mailing Address

P.O. BOX 717  
SNEADS, FL 32460



03152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

43-1952021

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCQUEEN-LAWSON, FELISA  
2054 LOU AVE  
SNEADS, FL 32460

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Felisa McQueen-Lawson Felisa McQueen-Lawson

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000634549  
04/17/07-80023-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWSON, DAVID W
STREET ADDRESS	2054 LOU AVE
CITY-ST-ZIP	SNEADS, FL 32460
TITLE	VSD
NAME	MCQUEEN-LAWSON, FELISA P
STREET ADDRESS	2054 LOU AVE
CITY-ST-ZIP	SNEADS, FL 32460
TITLE	D
NAME	MCCLOUD, CHARLES B III
STREET ADDRESS	531 BROWN ST.
CITY-ST-ZIP	ROCHESTER, NY 14611
TITLE	D
NAME	MERRITT, GLINDA
STREET ADDRESS	2754 POPLAR SPRINGS RD.
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	DI
NAME	RICHARDSON, BETTY
STREET ADDRESS	1447 GRIFF STREET
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Felisa P. McQueen-Lawson Felisa P. McQueen-Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07  
Date

850-593-1270  
Daytime Phone #