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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
03-11-2002 90039 029 ****61.25
04-17-2002 90120 012 *****8.75

DOCUMENT # N01000005798

1. Entity Name
THE LAZARUS PROJECT, CORP.

Principal Place of Business	Mailing Address
1459 PRINCE ST. JACKSONVILLE FL 32209	1459 PRINCE ST. JACKSONVILLE FL 32209

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	Zip / Country

4. FEI Number 59-3739869 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, KELLY E 1462 PRINCE ST. JACKSONVILLE FL 32209	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO BROWN, KELLY 6138 DAWN RIDGE RD. S. JACKSONVILLE FL 32277	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADM. ASSISTANT PURDY-SCOTT, EDITH 6961 CLOVIS RD. JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASTON, ED 2513 CHESTNUT SPRINGS LANE JACKSONVILLE FL 32246	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY BERTHA RICHARDSON 1304 WHITNER STREET JACKSONVILLE, FL 32209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER COLLETON, LUCINDA 1545 W. 1ST ST. JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, MALVINA A 741 CENTURY POINT DR. E. JACKSONVILLE FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR ROSA L. SMITH 6607 MANHATTAN DRIVE JACKSONVILLE, FL 32219	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, NATASHA P. O. BOX 11143 JACKSONVILLE FL 32239	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GENERAL ROBINSON 1951 DANSON STREET JACKSONVILLE, FL 32209	☐ Change ☒ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 13 Feb 02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #