

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0001248

DOCUMENT # NO1000005798

1. Entity Name

THE LAZARUS PROJECT, CORP.



FILED

03 DEC 23 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1459 PRINCE ST.
JACKSONVILLE FL 32209

Mailing Address

1459 PRINCE ST.
JACKSONVILLE FL 32209

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEOD	<input type="checkbox"/> Delete
NAME	BROWN, KELLY	
STREET ADDRESS	6138 DAWN RIDGE RD. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARDSON, BERTHA	
STREET ADDRESS	1304 WHITER ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLETON, LINDA	
STREET ADDRESS	1545 W. 1ST ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROSA L	
STREET ADDRESS	6607 MANHATTAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBINSON, GENERAL	
STREET ADDRESS	1951 DANSON ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500025689675	
CITY-ST-ZIP	12/22/03--01078--001 **70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

12-2-03

904-355-6800

CR2E037 (4/03)