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

FILED

02 DEC 27 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100009713811
12/27/02--01026--019 **70.00

DOCUMENT # N01000005708

1. Entity Name
THE LAZARUS PROJECT,CORP.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc.: 1459 Prince Street | Suite, Apt. #, etc.: 1459 Prince Street |
| City & State: Jacksonville, Florida | City & State: Jacksonville, Florida |
| Zip: 32209 Country: USA | Zip: 32209 Country: USA |

4. FEI Number: 59-3739869 ☐ 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: Kelly E. Brown, Jr.

Street Address (P.O. Box Number is Not Acceptable): 1459 Prince Street

City: Jacksonville FL Zip Code: 32209

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: N/A
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 | CEO |
| NAME | Kelly E. Brown, Jr. |
| STREET ADDRESS | 6138 Dawn Ridge Rd. S. |
| CITY-ST-ZIP | Jacksonville, Fl 32277 |
| TITLE | D |
| NAME | Rosa L. Smith |
| STREET ADDRESS | 6607 Manhattan Dr. |
| CITY-ST-ZIP | Jacksonville, Fl 32219 |
| TITLE | P |
| NAME | General Robinson |
| STREET ADDRESS | 1951 Danson Street |
| CITY-ST-ZIP | Jacksonville, Fl 32209 |
| TITLE | S |
| NAME | Bertha Richardson |
| STREET ADDRESS | 1304 Whitner Street |
| CITY-ST-ZIP | Jacksonville, Fl 32209 |
| TITLE | T |
| NAME | Luncinda Colleton |
| STREET ADDRESS | 1545 W. First Street |
| CITY-ST-ZIP | Jacksonville, Fl 32209 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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: Kelly E. Brown, Jr. 12-14-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #