


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90235 013 ****70.00

DOCUMENT # N02000007267 1. Entity Name LAZARUS RESTORATION MINISTRIES, INCORPORATED					
Principal Place of Business 3019 NE 20TH WAY SUITE A GAINESVILLE, FL 32609			Mailing Address P.O. BOX 5163 GAINESVILLE, FL 32627		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2381010	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NELSON, WANDA 1246 NE 16TH PLACE GAINESVILLE, FL 32609				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JAMES		NAME	James Nelson	
STREET ADDRESS	1246 NE 16TH PLACE		STREET ADDRESS	1246 NE 16 Place	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	Gainesville, FL 32609	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WANDA		NAME	Priscilla Prince	
STREET ADDRESS	1246 NE 16TH PLACE		STREET ADDRESS	720 NE 24 Street	
CITY-ST-ZIP	GAINESVILLE, FL 32609		CITY-ST-ZIP	Gainesville, FL 32641	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINCE, PRISCILLA		NAME	Cleon Jenkins	
STREET ADDRESS	720 NE 24TH STREET		STREET ADDRESS	5630 NW 29 Street	
CITY-ST-ZIP	GAINESVILLE, FL 32641		CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENKINS, CLEON		NAME	Dana Powers	
STREET ADDRESS	5630 NW 29TH STREET		STREET ADDRESS	3621 SE 29 Boulevard	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	Gainesville, FL 32641	
TITLE		<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Patricia Moore	
STREET ADDRESS			STREET ADDRESS	225 NW 175 Street	
CITY-ST-ZIP			CITY-ST-ZIP	Newberry, FL 32669	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Vincent Washington	
STREET ADDRESS			STREET ADDRESS	1515A NE 16 Avenue	
CITY-ST-ZIP			CITY-ST-ZIP	Gainesville, FL 32601	
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: <i>James A. Nelson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/18/05</i> Daytime Phone # <i>(352) 336-0200</i> <i>(352) 544-6417</i>		