

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90145 010 ****70.00

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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**

4004000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number
52-2381010

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, WANDA
1246 NE 16TH PLACE
GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
NELSON, JAMES
1246 NE 16TH PLACE
GAINESVILLE, FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, WANDA
1246 NE 16TH PLACE
GAINESVILLE, FL 32609 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PRINCE, PRISCILLA
720 NE 24TH STREET
GAINESVILLE, FL 32641 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
JENKINS, CLEON
5630 NW 29TH STREET
GAINESVILLE, FL 32653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
POWERS, DANA
3621 SE 29 BLVD
GAINESVILLE, FL 32641 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MOORE, PATRICIA
225 NW 175 STREET
NEWBERRY, FL 32669 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/11/06 (352) 514-6581