2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# N02000007267

Entity Name: LAZARUS RESTORATION MINISTRIES, INCORPORATED

Current Principal Place of Business:

3019 NE 20TH WAY
SUITE A
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5163
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 52-2381010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: NELSON, JAMES
Address: 1246 NE 16TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: DV ( ) Delete
Name: YOUNG, PRISCILLA
Address: 720 NE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: DT ( ) Delete
Name: JENKINS, CLEON
Address: 5630 NW 29TH STREET
City-St-Zip: GAINESVILLE, FL 32653

Title: DT ( ) Delete
Name: POWERS, DANA
Address: 3621 SE 29 BLVD
City-St-Zip: GAINESVILLE, FL 32641

Title: DS ( ) Delete
Name: MOORE, PATRICIA
Address: 225 NW 175 STREET
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: WASHINGTON, VINCENT
Address: 1515-A NE 16TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES Q. NELSON MD 04/05/2008

Electronic Signature of Signing Officer or Director — Date