

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11784

1. Entity Name

LAMB MINISTRIES, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90061 022 ****61.25

Principal Place of Business

4824 SW 57 DR
GAINESVILLE FL 32608
US

Mailing Address

P O BOX 5303
GAINESVILLE FL 32627-5303
US

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

59-2605022

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

GRAGG, VON D.
4824 SW 57 DR
GAINESVILLE FL 32608

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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME GRAGG, VON D.
STREET ADDRESS 4824 SW 57 DR
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS 3118 NE 11 TERR.
CITY-ST-ZIP Gainesville, FL 32609

TITLE ☐ Delete
NAME ALLEN, JEANETTE
STREET ADDRESS 29 S.E. 21 STREET
CITY-ST-ZIP GAINESVILLE FL

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

TITLE ☐ Delete
NAME DST
STREET ADDRESS GRAGG, BONNIE
CITY-ST-ZIP 4824 SW 57 DR
GAINESVILLE FL

TITLE ☒ Change ☐ Addition
NAME DST
STREET ADDRESS Gragg, Bonnie
CITY-ST-ZIP 4824 SW 57 DR
Gainesville, FL 32608

TITLE ☐ Delete
NAME A
STREET ADDRESS DUNNELL, JULIA
CITY-ST-ZIP 3118 NE 11 TERR
GAINESVILLE FL 32609

TITLE ☒ Change ☐ Addition
NAME DU
STREET ADDRESS DUNNELL, Julia
CITY-ST-ZIP 3118 NE 11 TERR.
Gainesville, FL 32609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bonnie C. Gragg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

Daytime Phone #

(352) 338-3114

CR2E037 (9/99)