

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90104 026 ****61.25

DOCUMENT # N11784

1. Entity Name

LAMB MINISTRIES, INC.

Principal Place of Business

4824 SW 57 DR
 GAINESVILLE FL 32608
 US

Mailing Address

P O BOX 5303
 GAINESVILLE FL 32627
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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.

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DUNNELL, BOBBY**
 CITY-ST-ZIP **3118 NE 11 TERRACE**
GAINESVILLE FL 32609

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

TITLE ☐ Delete
 NAME **DSTP**
 STREET ADDRESS **GRAGG, BONNIE**
 CITY-ST-ZIP **4824 SW 57 DR**
GAINESVILLE FL 32608

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 Gragg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 *(252) 338-3114*
 Date Daytime Phone #

CR2E037 (10/00)