

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11784

1. Entity Name

LAMB MINISTRIES, INC.

Principal Place of Business

Mailing Address

4824 SW 57 DR  
GAINESVILLE FL 32608  
US

P O BOX 5303  
GAINESVILLE FL 32627  
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

DO NOT WRITE IN THIS SPACE



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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
Gragg, Von D.  
4824 SW 57 DR  
GAINESVILLE, FL 32608 ☐ Change ☒ Addition

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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 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 4/3/02 352-371-0561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0065122

CR2E037 (9/01)