FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49807** **(3)**

1. Corporation Name

THE COMMUNITY OF THE SISTERS OF LAZARUS, INC.

Principal Place of Business	Mailing Address
131 S PINELLAS ST LAKELAND FL 33803	131 S PINELLAS ST LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1992
3a. Date of Last Report: 06/16/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROSE, SISTER JEAN
131 S PINELLAS ST
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	TAFT, WILLIAM, JR.	1.2 NAME	
STREET ADDRESS	6431 LAKELAND HIGHLANDS	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	☒ Change ☐ Addition
NAME	HILSON, TONI	2.2 NAME	ST
STREET ADDRESS	1039 STATION ST	2.3 STREET ADDRESS	HEASLEY, JOSEPHINE A.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	9116 GOLDEN GATE BLVD.
TITLE	D	3.1 TITLE	POLK CITY, FL 33868 ☐ Change ☐ Addition
NAME	BROWN, REV. ASHMUN	3.2 NAME	
STREET ADDRESS	400 E. COLONIAL DR.,#409	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, SISTER JEAN	4.2 NAME	
STREET ADDRESS	131 S PINELLAS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	VERRET, REV. JOAN	5.2 NAME	DELETE
STREET ADDRESS	220 EAST PALM DR.	5.3 STREET ADDRESS	Rev. Joan Verret
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sister Jean Rose 4-26-95 (813) 688-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sister Jean Rose

006015