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 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002552 (8)

1. Corporation Name

WATCH THE LAMB MINISTRIES, INC.

Principal Place of Business	Mailing Address
4526 MONCRIEF RD W JACKSONVILLE 32 209	4526 MONCRIEF RD W JACKSONVILLE 32 209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3109748 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

TUTT, LOUIS M JR
4526 MONCRIEF RD W
JACKSONVILLE FL 32209

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

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	13.	☐ Change ☐ Addition
TITLE	PD	1.1 TITLE	
NAME	TUTT, LOUIS M JR	1.2 NAME	
STREET ADDRESS	1735 RIBAULT SCENIC DR	1.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32208	1.4 CITY ST ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	SWEARINGEN, LARRY A	2.2 NAME	
STREET ADDRESS	4526 MONCRIEF RD W	2.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32209	2.4 CITY ST ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MORROW, GEORGE	3.2 NAME	
STREET ADDRESS	14 SEA BASS LANE	3.3 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY ST ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MORROW, JEAN	4.2 NAME	
STREET ADDRESS	14 SEA BASS LANE	4.3 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BEACH FL 32082	4.4 CITY ST ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	WATERS, SHARYN	5.2 NAME	
STREET ADDRESS	1713 ALFEN ST	5.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32201	5.4 CITY ST ZIP	
TITLE	STD	6.1 TITLE	☐ Change ☐ Addition
NAME	TUTT, BETTY	6.2 NAME	
STREET ADDRESS	1735 RIBAULT SCENIC DR	6.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32208	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: L M Tutt — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-28-95
Daytime Phone #: (904) 764-1104

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