

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3219748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME TUTT, LOUIS M JR  
STREET ADDRESS 1735 RIBAUT SCENIC DR  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VD ☐ DELETE  
NAME SWEARINGEN, LARRY A  
STREET ADDRESS 4526 MONCRIEF RD W  
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VD ☐ DELETE  
NAME MORROW, GEORGE  
STREET ADDRESS 14 SEA BASS LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VD ☒ DELETE  
NAME MORROW, JEAN  
STREET ADDRESS 14 SEA BASS LANE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VD ☒ DELETE  
NAME ~~WATERS, SHARYN~~  
STREET ADDRESS 1713 ALFEN ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE STD ☐ DELETE  
NAME ~~TUTT, BETTY~~ TUTT, BETTYS  
STREET ADDRESS 1735 RIBAUT SCENIC DR  
CITY-ST-ZIP JACKSONVILLE FL 32208

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 18, 1996

(904)

764-1104

Daytime Phone #

CR2E037 (12/95)