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FILED

May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003822 (2)

1. Corporation Name

LAZARUS MINISTRIES, INC.



Principal Place of Business

Mailing Address

973 MCKENNY ROAD
SANTA ROSA BEACH FL 32459

373 MCKENNY ROAD
SANTA ROSA BEACH FL 32459-6080

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 333 McKenny Rd
Suite, Apt. #, etc.

26 PO Box 2159
Suite, Apt. #, etc.

4. FEI Number
59-3343836

Applied For
Not Applicable

22 City & State
23 Santa Rosa Beach, FL

27 City & State
28 Santa Rosa Beach FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 32459 25 Country

29 Zip 32459 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBSTER, CHRISTOPHER W
373 MCKENNY ROAD
SANTA ROSA BEACH FL 32459

81 Name Christopher W Webster
82 Street Address (P.O. Box Number is Not Acceptable)
333 McKenny Rd
83
84 City Santa Rosa Beach FL 85 Zip Code 32459

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WEBSTER, CHRISTOPHER W
STREET ADDRESS 373 MCKENNY ROAD
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ DELETE

1.1 TITLE President / Director
1.2 NAME Christopher Webster
1.3 STREET ADDRESS 333 McKenny Rd
1.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☒ Change ☐ Addition

TITLE VD
NAME HAMON, TIMOTHY T
STREET ADDRESS 333 MCKENNY ROAD
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ DELETE

2.1 TITLE Vice Pres / Director
2.2 NAME Timothy Hamon
2.3 STREET ADDRESS 326 Hamon Ave.
2.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☒ Change ☐ Addition

TITLE S
NAME WEBSTER, TAMARA J
STREET ADDRESS 373 MCKENNY ROAD
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ DELETE

3.1 TITLE Tamara Webster
3.2 NAME
3.3 STREET ADDRESS 333 McKenny Rd
3.4 CITY-ST-ZIP Santa Rosa Beach FL ☒ Change ☐ Addition

TITLE TD
NAME DAVIS, JAMES T
STREET ADDRESS 94 PROPHETS PARKWAY
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ DELETE

4.1 TITLE TD
4.2 NAME James T. Davis
4.3 STREET ADDRESS 67 Suzanne Dr.
4.4 CITY-ST-ZIP Santa Rosa Beach FL 32459 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE Richard E. Warshaw
5.2 NAME
5.3 STREET ADDRESS 1216 Shipley Dr.
5.4 CITY-ST-ZIP Niceville, FL 32578 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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.

CR2E037 (9/96)