

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003822

1. Entity Name

LAZARUS MINISTRIES, INC.

FILED  
Sep 12, 2001 8:00 am  
Secretary of State

09-12-2001 90035 005 \*\*\*\*61.25

Principal Place of Business

333 MCKENNY RD  
SANTA ROSA BEACH FL 32459  
US

Mailing Address

P O BOX 2159  
SANTA ROSA BEACH FL 32459  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3343836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBSTER, CHRISTOPHER W  
333 MCKENNY RD  
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

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  
After September 12, 2001, min. will be \$236.25

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

TITLE PD ☐ Delete  
NAME WEBSTER, CHRISTOPHER W  
STREET ADDRESS 333 MCKENNY RD  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE VD ☐ Delete  
NAME HAMON, TIMOTHY T  
STREET ADDRESS 326 HAMON AVE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE S ☐ Delete  
NAME WEBSTER, TAMERA J  
STREET ADDRESS 333 MCKENNY RD  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE TD ☒ Delete  
NAME DAVIS, JAMES T  
STREET ADDRESS 3665 LAREDO DRIVE  
CITY-ST-ZIP LEXINGTON KY 40517

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition  
NAME Feitz, Frank  
STREET ADDRESS 140 Hamon Ave.  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE Director ☐ Change ☒ Addition  
NAME Feitz, Gay  
STREET ADDRESS 140 Hamon Ave.  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE STD ☒ Change ☐ Addition  
NAME Webster, Tamera J.  
STREET ADDRESS 333 McKenny Rd.  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE Director ☐ Change ☒ Addition  
NAME Schultz, Steve  
STREET ADDRESS 77 E. Mack Bayou Dr.  
CITY-ST-ZIP Santa Rosa Beach, FL 32459

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

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

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: SIGNATURE REQUIRED

9/7/01 (850) 231-2600

CR2F007 (5/01)