

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003822

1. Entity Name

LAZARUS MINISTRIES, INC.

Principal Place of Business

Mailing Address

333 MCKENNY RD  
SANTA ROSA BEACH FL 32459  
US

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

Zip

Country

Zip

Country

4. FEI Number

59-3343836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE D  
NAME FELITZ, FRANK  
STREET ADDRESS 140 HAMON AVENUE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE  
NAME Feitz, Frank  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME FEITZ, GAY  
STREET ADDRESS 140 HAMON AVNEUE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 140 Hamon Avenue  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME SCHULTZ, STEVE  
STREET ADDRESS 77 E MACK BAYOU DRIVE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 91181 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

4/1/02 (850) 231-2600 x653