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

FILED
95 MAR 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05947 (9)

1. Corporation Name
LAMB OF GOD LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
18767 SO. TAMIAMI TRAIL FORT MYERS FL 33908	18767 SO. TAMIAMI TRAIL FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1984
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2369447 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

WHITE, REV. BYRON W., SR.
18767 S. TAMIAMI TRAIL
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Darwin Fay
82 Street Address (P.O. Box Number is Not Acceptable): 61 Ocala Court, S. E.
83:
84 City: Ft. Myers **FL** 85 Zip Code: 33912

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: Darwin J. Fay DARWIN J. FAY VICE PRESIDENT 3/10/95
(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	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WHITE, REV.BYRON W.,SR.	1.2 NAME	Walter J. Fohs Jr.
STREET ADDRESS	7595 GARRY RD.,SE,RT.39	1.3 STREET ADDRESS	18064 Horseshoe Bay Circle
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers Fl. 33912
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DARWIN, FAY	2.2 NAME	50000143308 5
STREET ADDRESS	61 OCALA COURT, S.E.	2.3 STREET ADDRESS	-03/17/95--01061--020
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	MCFARLANE, ARNOLD R.	3.2 NAME	Suzanne Youngblood
STREET ADDRESS	7537 CORDOBA CIRCLE	3.3 STREET ADDRESS	19958 Beaulieu Dr. S. W.
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Ft. Myers Fl. 33908
TITLE	T	4.1 TITLE	T ☒ Change ☐ Addition
NAME	HIX, AUDREY	4.2 NAME	Miguel Rivera
STREET ADDRESS	18484 EASTSHORE DR.,S.E.	4.3 STREET ADDRESS	9320 Mooring Cir. S.E.
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, Fl. 33912
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, J. B.	5.2 NAME	
STREET ADDRESS	8165 LARK LANE, S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BENDER, KENNETH C	6.2 NAME	
STREET ADDRESS	20862 BLACKSMITH FORGE	6.3 STREET ADDRESS	3/16/95 MB
CITY-ST-ZIP	ESTERO FL	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)(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.

SIGNATURE: Darwin J. Fay DARWIN J. FAY 1/27/95 (813) 481-3983
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0016100