

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N05947** (9)

1. Corporation Name

LAMB OF GOD LUTHERAN CHURCH, INC.



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

3. Date incorporated or Qualified 10/31/1984	3a. Date of Last Report 03/16/1995
4. FEI Number 59-2369447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**FAY, DARWIN
61 OCALA COURT, S.E.
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name **KAREN SONNANSTINE**
82 Street Address (P.O. Box Number is Not Acceptable)
9164 SE TANGELO BLVD.
83
84 City **FT. MYERS** FL 85 Zip Code **33912**

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: *Karen Sonnanstine* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FOHS, WALTER JR
STREET ADDRESS	18064 HORSEHOE BAY CIRCLE
CITY-ST-ZIP	FT. MYERS FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DARWIN, FAY
STREET ADDRESS	61 OCALA COURT, S.E.
CITY-ST-ZIP	FORT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNGBLOOD, SUZANNE
STREET ADDRESS	19958 BEAULIEU DR. S.W.
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	T <input type="checkbox"/> DELETE
NAME	RIVERA, MIGUEL
STREET ADDRESS	9320 MOORING CIR. S.E.
CITY-ST-ZIP	FT. MYERS FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, J. B.
STREET ADDRESS	8165 LARK LANE, S.E.
CITY-ST-ZIP	FORT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BENDER, KENNETH C
STREET ADDRESS	20862 BLACKSMITH FORGE
CITY-ST-ZIP	ESTERO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAREN SONNANSTINE
1.3 STREET ADDRESS	9164 SE TANGELO BLVD.
1.4 CITY-ST-ZIP	FT. MYERS FL 33912
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ARNOLD MCFARLANE
2.3 STREET ADDRESS	7537 CORDOBA CIRCLE
2.4 CITY-ST-ZIP	NAPLES FL. 33942-7118
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUZANNE YOUNGBLOOD
3.3 STREET ADDRESS	19958 BEAULIEU DR. SW
3.4 CITY-ST-ZIP	FT. MYERS FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAROL LOMBARDO
5.3 STREET ADDRESS	8469 WINGED POST DR.
5.4 CITY-ST-ZIP	FT. MYERS FL 33912
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address.

SIGNATURE: *Karen Sonnanstine* KAREN SONNANSTINE 01/21/96 (441) 267-5757
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)