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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

SONNANSTINE
9164 SE TANGELO BLVD
FT MYERS FL 33912

3. Date Incorporated or Qualified 10/31/1984
4. FEI Number 59-2369447
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name SUSAN F. SCHMITT
82 Street Address (P.O. Box Number is Not Acceptable) 20921 PERSIMMON PLACE
83
84 City ESTERO
85 Zip Code FL 33928

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 *Susan F. Schmitt* DATE *1/25/98*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNANSTINE, KAREN	1.2 NAME	
STREET ADDRESS	9164 SE TANGELO BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McFARLANE, ARNOLD	2.2 NAME	SORENSEN, GARY
STREET ADDRESS	7537 CORDOBA CIRCLE	2.3 STREET ADDRESS	19233 PINE RUN
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, CAROL	3.2 NAME	
STREET ADDRESS	24731 LYONIA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEESON, JENNIFER	4.2 NAME	SCHMITT, SUSAN F
STREET ADDRESS	3140 SEASON'S WAY	4.3 STREET ADDRESS	20921 PERSIMMON PL
CITY-ST-ZIP	ESTERO FL 33928	4.4 CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMBARDO, CAROL	5.2 NAME	GAEDE, RICHARD
STREET ADDRESS	8469 WINGEDFOOT DRIVE	5.3 STREET ADDRESS	5931 GREY FOX RUN
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENDER, KENNETH C	6.2 NAME	GRUVER, JANET
STREET ADDRESS	20862 BLACKSMITH FORGE	6.3 STREET ADDRESS	20836 ANDIRON
CITY-ST-ZIP	ESTERO FL	6.4 CITY-ST-ZIP	ESTERO, FL 33928

14. 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 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: *Susan F. Schmitt* *SUSAN F. SCHMITT* *1/25/98* *047-7879*

CR2E037 (10/97)