

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90680 048 \*\*\*\*61.25

**DOCUMENT # N15678**

1. Entity Name

**LAMB OF GOD MINISTRIES, INCORPORATED**

Principal Place of Business

Mailing Address

971 SO DIXIE HWY  
 WEST #5  
 POMPANO BCH FL 33060  
 US

971 SO DIXIE HWY  
 WEST #5  
 POMPANO BCH FL 33060  
 US

2. Principal Place of Business

3. Mailing Address

1012 S. PARROTT AVE.  
 Suite, Apt. #, etc.

1012 S. PARROTT AVE.  
 Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

OKEECHOBEE, FL

4. FEI Number

65-0009750

Applied For

Not Applicable

Zip

34974

Country

Okeechobee

Zip

34974

Country

OKEECHOBEE

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

STARR, STUART J.  
 200 S. ANDREWS AVE., STE. 340  
 FT. LAUDERDALE FL 33301

Name: MICHAEL LEWANDOWSKI

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

1012 S. PARROTT AVE.

City Okeechobee

FL

Zip Code

34974

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

*Michael Lewandowski*

MICHAEL LEWANDOWSKI 5/15/02

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  Delete  
 NAME LEWANDOWSKI, MICHAEL  
 STREET ADDRESS 971 S DIXIE HWY W #6  
 CITY-ST-ZIP POMPANO BEACH FL

TITLE PD  Change  Addition  
 NAME LEWANDOWSKI, MICHAEL  
 STREET ADDRESS 1012 S. PARROTT AVE.  
 CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE VD  Delete  
 NAME GLENN, JOHN  
 STREET ADDRESS 971 S DIXIE HWY W #6  
 CITY-ST-ZIP POMPANO BEACH FL

TITLE VD  Change  Addition  
 NAME CLEMONS, JEFF  
 STREET ADDRESS 1012 S. PARROTT AVE  
 CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE D  Delete  Keep  
 NAME TERRY, MORRIS  
 STREET ADDRESS 971 S DIXIE HWY  
 CITY-ST-ZIP POMPANO BEACH FL

TITLE D  Change  Addition  
 NAME MORRIS, TERRY  
 STREET ADDRESS 1012 S. PARROTT AVE  
 CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 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:

*Michael Lewandowski*

MICHAEL LEWANDOWSKI 5/15/02 863/467-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (9/01)