

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2004
Secretary of State**

DOCUMENT# N15678

Entity Name: LAMB OF GOD MINISTRIES, INCORPORATED

Current Principal Place of Business:

1012 S PARROTT AVE
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

1012 S PARROTT AVE
OKEECHOBEE, FL 34974 US

New Mailing Address:

FEI Number: 65-0009750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWANDOWSKI, MICHAEL
1012 S PARROTT AVE
OKEECHOBEE, FL 34974

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWANDOWSKI, MICHAEL,
Address: 1012 S PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD () Delete
Name: GLENN, JOHN
Address: 1012 S PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD () Delete
Name: BIMBOW, THOMAS
Address: 1012 S PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEWANDOWSKI, MICHAEL

PD

01/19/2004

Electronic Signature of Signing Officer or Director

_____ Date