

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Apr 14, 2006  
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:**

**Name and Address of New Registered Agent:**

LEWANDOWSKI, MICHAEL  
1012 S. PARROTT AVE.  
OKEECHOBEE, FL 34974 US

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      04/14/2006  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: PRES ( ) Change (X) Addition  
Name: LEWANDOWSKI, MICHAEL  
Address: 1012 S. PARROTT AVE.  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: V/P ( ) Change (X) Addition  
Name: MULDOON, GARRETT J  
Address: 1428 SE 4TH AVE. #A205  
City-St-Zip: DEERFIELD, FL 33441 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: S/T ( ) Change (X) Addition  
Name: MULDOON, KIMBERLY  
Address: 1428 SE 4TH AVE. #A205  
City-St-Zip: DEERFIELD, FL 33441 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL LEWANDOWSKI      PRES      04/14/2006  
Electronic Signature of Signing Officer or Director      Date