

N15678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

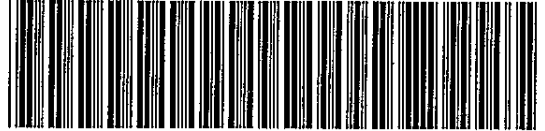
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

APR 12 2006

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAMB OF GOD MINISTRIES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N15678

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barrett Muldoon  
(Name of Person)

LAMB OF GOD MINISTRIES, INC  
(Name of Firm/Company)

1012 S. PARSONS AVE.  
(Address)

OKEECHOBEE, FLORIDA 34974  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barrett Muldoon at ( 954 ) 946-7332  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

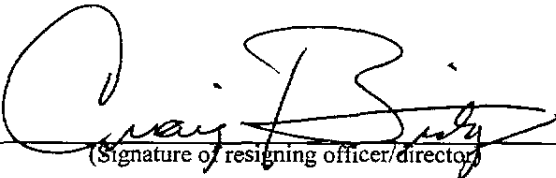
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Craig Bridgers, hereby resign as Director  
(Title)

of LAMB OF GOD Ministries, Incorporated,  
(Name of Corporation)

N15678, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
**06 APR -7 PM 11:29**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**