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(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAMB OF GOS MINISTREES, INC. (Name of Corporation)
DOCUMENT NUMBER: NIS678
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person)
LAMB OF GOD, MINISTRIES, INC. (Name of Firm/Company)
1012 S. PARROTT AVET (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 946 7332 (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

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I,	POGER GARRAMORENER PRESIDENT TREASURGE (Title)
of	LAMB OF COD MINISTRIES, INCORPORATED,
	(Document Number, if known), a corporation organized under the laws of the State of
	Pronida
	(Signature of resigning officer/director)

FILING FEE IS \$35.00	TASE		
Make checks payable to Florida Department of State and mail		90	
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Amendment Section	meg-	2	Ö
Division of Corporations P.O. Box 6327	10F	**	
Tallahassee, Florida 32314	BE	<u>သ</u>	