

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Oct 02, 2008**  
**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 (X)

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

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

**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: P ( ) Delete  
Name: LEWANDOWSKI, MICHAEL  
Address: 1012 S. PARROTT AVE.  
City-St-Zip: OKEECHOBEE, FL 34974 US

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

Title: ST ( ) Delete  
Name: LEWANDOWSKI, GIAL I  
Address: PO BOX 1950  
City-St-Zip: INDIANTOWN, FL 34956 US

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

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

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

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

Title: V (X) Change ( ) Addition  
Name: MULDOON, GARRETT  
Address: 1012 S. PARROTT AVE.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST (X) Change ( ) Addition  
Name: LEWANDOWSKI, MICHAEL I  
Address: PO BOX 1950  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: BD ( ) Change (X) Addition  
Name: STORK, FRITZ  
Address: 336 RIVER DRIVE  
City-St-Zip: TEQUESTA, FL 33469

Title: BD ( ) Change (X) Addition  
Name: LEWANDOWSKI, GAIL I  
Address: PO BOX 1950  
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify 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

10/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date