

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15678

FILED
May 20, 2009
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: MULDOON, GARRETT
Address: 1012 S. PARROTT AVE.
City-St-Zip: OKEECHOBEE, FL 34974

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

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

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

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

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:

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

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

Title: BD () Change (X) Addition
Name: FRED, TREADWELL
Address: 3342 SW HOSANAH LANE
City-St-Zip: OKEECHOBEE, FL 34974 US

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

CEO

05/20/2009

Electronic Signature of Signing Officer or Director

_____ Date