DOCUMENT# N05947

Entity Name: LAMB OF GOD LUTHERAN CHURCH, INC.

#### **Current Principal Place of Business:**

19691 CYPRESS VIEW DR FORT MYERS. FL 33967

### **Current Mailing Address:**

P O BOX 867 ESTERO, FL 33928 US

## FEI Number: 01-0772850

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

SMITH, WENDY 19691 CYPRESS VIEW DRIVE FORT MYERS, FL 33967 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	: WENDY SMITH			03/12/2024
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	TRUSTEE	Title	SECRETARY	
Name	WHITEHOUSE, GLENN DR	Name	TAYLOR, JILL	
1	4800 PELICAN COLONY BLVD UNIT 1903 BONITA SPRINGS FL 34134	Address	8811 KING LEAR CT	
		City-State-Zip:	FORT MYERS FL 33908	
Name W Address 2	TREASURER WILD, ELENA 20241 CALICE COURT #2602	Title	VP	
		Name	FROST, BRUCE	
		Address	9162 ASTONIA WAY	
		City-State-Zip:	FORT MYERS FL 33967	
City-State-Zip:	ESTERO FL 33928			
Title	TRUSTEE	Title	OTHER MORUPLEY, LUCAR	
Name	BACHMAN, SUSANNE	Name	MCSURLEY, LUCAS	
Address	4180 PENSACOLA AVE	Address City-State-Zip:	P O BOX 867 ESTERO FL 33928	
City-State-Zip:	ESTERO FL 33928		ESTERU FL 33920	
		Title	TRUSTEE	
Title	TRUSTEE	Name	WALDERA, SUSAN	
Name	RUTKOWSKI, THOMAS	Address	20648 CANDLEWOOD HOLLOW	
Address 4	4166 PENSACOLA AVE	City-State-Zip:	ESTERO FL 33928	
City-State-Zip:	ESTERO FL 33928			
		Continues of	on page 2	

I hereby 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 all other like empowered.

SIGNATURE: JUDITH FRYE

PRESIDENT

03/12/2024

Electronic Signature of Signing Officer/Director Detail

FILED Mar 12, 2024 Secretary of State 6541365488CC

Certificate of Status Desired: Yes

# **Officer/Director Detail Continued :**

City-State-Zip: ESTERO FL 33928

Title	TRUSTEE	Title	TRUSTEE
Name	AHMER, DIANE	Name	HOFFMAN, SALLY
Address	20267 PUMA TRAIL	Address	4183 PENSACOLA AVE
City-State-Zip:	ESTERO FL 33928	City-State-Zip:	ESTERO FL 33928
Title	TRUSTEE	Title	TRUSTEE
Name	RUSTAD, DORIS	Name	VATH, MAUREEN
Address	8541 FAIRWAY BEND DR	Address	732 WINDLASS WAY
City-State-Zip:	FORT MYERS FL 33967	City-State-Zip:	SANIBEL FL 33957
Title	PRESIDENT		
Name	FRYE, JUDITH		
Address	20751 COUNTRY CREEK DR UNIT 1511		