


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006253 (6)					
1. Corporation Name LAMB OF GOD OUR SAVIOR CHURCH, INC.					
Principal Place of Business 5203 WATSON ROAD RIVERVIEW FL 33569			Mailing Address 5203 WATSON ROAD RIVERVIEW FL 33569-3787		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1996
21			26		3a. Date of Last Report
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. FEI Number 39-1757648
22			27		Applied For Not Applicable
City & State			City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23			28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip			Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24			29		
Country			Country		
25			30		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SNYDER, THOMAS R 5203 WATSON ROAD RIVERVIEW FL 33569			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SNYDER, THOMAS R				
STREET ADDRESS	5203 WATSON ROAD				
CITY-ST-ZIP	RIVERVIEW FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	MUELLER, KAREN				
STREET ADDRESS	5803 ERHARDT DR.				
CITY-ST-ZIP	RIVERVIEW FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	RAUCH, LORRAINE				
STREET ADDRESS	502A PLEASANT AVE				
CITY-ST-ZIP	HARTFORD WI				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	SNYDER, EVELYN M				
STREET ADDRESS	5203 WATSON ROAD				
CITY-ST-ZIP	RIVERVIEW FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Thomas R Snyder</i> Thomas R Snyder 3/19/97 (813) 661-3082					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)