

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90044 037 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006253

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



2. Principal Place of Business

21 10666 Hwy 301S. Riverview FL.
Suite, Apt. #, etc.

2a. Mailing Address

26 9602 Springbrook Dr. Riverview, FL
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/20/1996

4. FEI Number

39-1757648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SNYDER, THOMAS R
5203 WATSON ROAD
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name Snyder Thomas R
82 Street Address (P.O. Box Number is Not Acceptable)
9602 Springbrook Drive
83
84 City Riverview FL 85 Zip Code 33569

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT E: 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 checked="" type="checkbox"/> DELETE
NAME	COLE, RICHARD	
STREET ADDRESS	9019 RIVERVIEW DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAUCH, LORRAINE	
STREET ADDRESS	1303 VALLEY GROVE DR	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAUCH, JAMES	
STREET ADDRESS	1303 VALLEY GROVE DR	
CITY-ST-ZIP	SEFFNER FL 33584	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SNYDER, Thomas R. Rev.	
1.3 STREET ADDRESS	9602 Springbrook Drive	
1.4 CITY-ST-ZIP	Riverview, FL. 33569	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SNYDER, Linda Rev.	
2.3 STREET ADDRESS	9602 Springbrook Drive	
2.4 CITY-ST-ZIP	Riverview, FL. 33569	
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 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, with all other like empowered.

SIGNATURE:

Rev. Thomas R Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (813) 672-3232

CR2E037 (11/98)

0048727