2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F96000006253** Apr 17, 2000 8:00 am Secretary of State 1. Entity Name LAMB OF GOD OUR SAVIOR CHURCH, INC. 04-17-2000 90075 034 ****61.25 Principal Place of Business Mailing Address 10666 HWY 3015 9602 SPRINGBROOK RIVERVIEW FL 33569-3810 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 708 N. 50^{±1} DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State Applied For 39-1757648 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SNYDER, THOMAS R 9602 SPRINGBROOK DR. RIVERVIEW FL 33569 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition Delete ☐ Change TITLE TITI F SNYDEN, THOMAS R NAME NAME STREET ADDRESS STREET ADDRESS 9602 SPRINGBROOK DR. CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** TITLE ☐ Delete TITLE ☐ Change Addition NAME SNYDER, LINDA R NAME STREET ADDRESS STREET ADDRESS 4602 SPRINGBROOK DR. CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** Change TITLE ☐ Delete TITLE Addition Rauch, Lorraine 1222 Windsor Circle .RAUCH, LORRAINE ... NAME STREET ADDRESS 1303 VALLEY GROVE DR STREET ADDRESS Brandon, FL., 33510 CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 Rauch, James 1222 Windsor Circle ☐ Delete TITLE Change Addition TITLE NAME RAUCH, JAMES NAME STREET ADDRESS STREET ADDRESS 1303 VALLEY GROVE DR Brandon, FL., 335/2 CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 TITLE ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2000 (813)672-3232