

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90070 024 \*\*\*\*61.25

**DOCUMENT # F96000006253**

1. Entity Name

**LAMB OF GOD OUR SAVIOR CHURCH, INC.**

Principal Place of Business

**2708 N 50TH STREET  
TAMPA FL 33619**

Mailing Address

**9602 SPRINGBROOK  
RIVERVIEW FL 33569**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**39-1757648**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SNYDER, THOMAS R  
9602 SPRINGBROOK DR.  
RIVERVIEW FL 33569**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SNYDEN, THOMAS R  
STREET ADDRESS 9602 SPRINGBROOK DR.  
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE Snyder  
NAME Snyder  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD  
NAME SNYDER, LINDA R  
STREET ADDRESS 4602 SPRINGBROOK DR.  
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE 9602, Linda C.  
NAME Linda C.  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME RAUCH, LORRAINE  
STREET ADDRESS 1303 VALLEY GROVE DR  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE 1222 Windsor Circle  
NAME Brandon, FL 33510  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD  
NAME RAUCH, JAMES  
STREET ADDRESS 1303 VALLEY GROVE DR  
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE 1222 Windsor Circle  
NAME Brandon, FL 33510  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** *Resignation Required* **Rev. Linda C. Snyder** 2/13/01 672-3232 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)