

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90019 027 \*\*\*\*61.25

**DOCUMENT # N01000001298**

1. Entity Name

LAMB OF GOD CHRISTIAN CENTER, INC.



Principal Place of Business

9602 SPRIGBROOK DR  
RIVERVIEW FL 33569

Mailing Address

9602 SPRIGBROOK DR  
RIVERVIEW FL 33569



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5707 31<sup>st</sup> Avenue South

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33619

Country

USA

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3703051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SNYDER, THOMAS R  
9602 SPRIGBROOK DR  
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SNYDER, THOMAS R  
STREET ADDRESS 9602 SPRIGBROOK DR  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ Delete  
NAME SNYDER, LINDA  
STREET ADDRESS 9602 SPRIGBROOK DR  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE D ☐ Delete  
NAME RAUCH, JAMES  
STREET ADDRESS 1222 WINDSOR CIR  
CITY-ST-ZIP BRANDON 33 51069

TITLE D ☐ Delete  
NAME RAUCH, LORRAINE  
STREET ADDRESS 1222 WINDSOR CIR  
CITY-ST-ZIP BRANDON 33 51069

TITLE D ☐ Delete  
NAME SNYDER, THOMAS J  
STREET ADDRESS 9602 SPRING BROOK DR.  
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Rev. Thomas R Snyder* Rev. Thomas R Snyder 2-20-06 (813)622-8800