

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90085 010 ****61.25

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1. Entity Name

LAMB OF GOD LIFE MINISTRIES, INC.



Principal Place of Business

1924 N. PACE BLVD
PENSACOLA FL 32505

Mailing Address

8078 CONRAD COURT
PENSACOLA FL 32507

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0565810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUYLER, JR., IRVING W
8078 CONRAD COURT
PENSACOLA FL 32507

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, 2004

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 P ☐ Delete
NAME SCHUYLER, JR., IRVING
STREET ADDRESS 8078 CONRAD COURT
CITY-ST-ZIP PENSACOLA FL 32507

TITLE VP ☐ Delete
NAME SCHUYLER, VERNA D
STREET ADDRESS 8078 CONRAD COURT
CITY-ST-ZIP PENSACOLA FL 32507

TITLE TD ☐ Delete
NAME LINDSEY, VICTOR SR
STREET ADDRESS 8078 CONRAD CT.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D ☐ Delete
NAME SHOEMAKER, KIMBERLY N
STREET ADDRESS 1924 N PACE BLVD.
CITY-ST-ZIP PENSACOLA FL 32505

TITLE D ☐ Delete
NAME LANDGRAFF, JUDI
STREET ADDRESS 1924 N. PACE BLVD
CITY-ST-ZIP PENSACOLA FL 32507

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
NAME
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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 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: *Irving W. Schuyler, Jr.*
IRVING W. SCHUYLER, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 APRIL 2004 (850) 458-4336

Date

Daytime Phone #