

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90050 009 \*\*\*\*70.00

**DOCUMENT # N02000005929**

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**

**50060565**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05172005 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**81-0565810**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

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

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

**Filing Fee is \$61.25  
Due by September 7, 2005**

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	<input type="checkbox"/> Delete
NAME	SCHUYLER, JR., IRVING	
STREET ADDRESS	8078 CONRAD COURT	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHUYLER, VERNA D	
STREET ADDRESS	8078 CONRAD COURT	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LINDSEY, VICTOR SR	
STREET ADDRESS	8078 CONRAD CT.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOEMAKER, KIMBERLY N	
STREET ADDRESS	1924 N PACE BLVD.	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDGRAFF, JUDI	
STREET ADDRESS	1924 N. PACE BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUYLER, ERICA	
STREET ADDRESS	1924 N. PACE BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6 Aug 05 (850) 458-4336**  
Date Daytime Phone #