


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90027 042 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHUYLER, JR., IRVING	NAME	LINDSEY, VICTOR SR		
STREET ADDRESS	8078 CONRAD COURT	STREET ADDRESS	3004 GODWIN LANE		
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	PENSACOLA, FL 32526		
TITLE	VP <input type="checkbox"/> Delete	TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHUYLER, VERNA D	NAME	SIMS, SHERILENA		
STREET ADDRESS	8078 CONRAD COURT	STREET ADDRESS	550 SOUTH FIRST STREET		
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	PENSACOLA, FL 32507		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LINDSEY, VICTOR SR	NAME	BRADLEY, BARBARA L.		
STREET ADDRESS	8078 CONRAD CT.	STREET ADDRESS	7531 WEAVER DRIVE		
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP	PENSACOLA, FL 32534		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SHOEMAKER, KIMBERLY N	NAME	CRUM, BETTY R.		
STREET ADDRESS	1924 N PACE BLVD.	STREET ADDRESS	8491 OLD SPANISH TRAIL ROAD		
CITY-ST-ZIP	PENSACOLA, FL 32505	CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHUYLER, ERICA	NAME			
STREET ADDRESS	1924 N PACE BLVD	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Irving W. Schuyler Jr.</u>		Date: <u>18 JULY 08</u>		Daytime Phone #: <u>(850) 458-4336</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					