

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008107

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** LAMB OF GOD LUTHERAN CHURCH OF LITHIA FLORIDA, INC.

**Current Principal Place of Business:**

10540 BROWNING ROAD  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

10540 BROWNING ROAD  
LITHIA, FL 33547 US

**New Mailing Address:**

**FEI Number:** 20-3281250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOD, MARK A  
5109 ABISHER WOOD LN  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FELTON, DOUG  
Address: 1903 STREETMAN DRIVE  
City-St-Zip: LITHIA, FL 33547 US

Title: T ( ) Delete  
Name: MORRISSEY, PHILIP  
Address: 6409 BRIDGECREST DR  
City-St-Zip: LITHIA, FL 33547 US

Title: S ( ) Delete  
Name: CANCELA, ED  
Address: 10808 NEWBRIDGE DR  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: O ( ) Delete  
Name: WOOD, MARK A  
Address: 5109 ABISHER WOOD LN  
City-St-Zip: BRANDON, FL 33511 US

Title: O (X) Delete  
Name: FABRY, JEFF  
Address: 3516 AUTUMN GLEN  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: BRAY, BOB  
Address: 11662 TROPICAL ISLE LANE  
City-St-Zip: RIVERVIEW, FL 33579 US

Title: O (X) Change ( ) Addition  
Name: FABRY, JEFF  
Address: 3516 AUTUMN GLEN  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP MORRISSEY

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date