2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17185

FILED Jan 08, 2007 Secretary of State

Entity Name: LAMB OF GOD EPISCOPAL CHURCH OF LEE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 19691 CYPRESS VIEW DRIVE FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 19691 CYPRESS VIEW DRIVE FORT MYERS, FL 33912 FEI Number: 59-2765787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOTER, ERIC S 19691 CYPRESS VIEW DRIVE FORT MYERS, FL 33912 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KIBBEY, LORNA Name: Name: 18508 EAST SHORE DR. Address: Address: City-St-Zip: FT. MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIBBEY, KEITH Name: Address: 18508 EAST SHORE DR Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition WASHBURN, DAVID Name: Name: 12750 CHARDON COURT Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: () Delete Title: Title: () Change () Addition Name: ZANT, NANCY Name: 6970 SAINT EDMONDS LOOP Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: Title: () Delete () Change () Addition SMALL, TOM Name: Name: 4611 TORREY PINE CT Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH KIBBEY P 01/08/2007