FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9700000850 (4)

FILED						
May 05 1998 8:00am						
Secretary of State						

(813) 661-1653

1. Corporation Name						
LAMB OF GOD OUR REDEEMER CHURCH, INC.						
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Principal Place of Business Mailing Address				- I COOTHING OUR CORNE COOK CONTRACTION OF THE CONTRACTION OF THE CONTRACTION OF THE CONTRACT		
\$203 WATSON ROAD 5203 WATSON ROAD				3. Date Incorporated or Qualified		
RIVERVIEW FL 33569 RIVERVIEW FL 33569					02/11/1997	
					4. FEI Number Applied For	
					Not Applicable	
2. Principal	Place of Business	2a. Mailing Address			CO 75 Additional	
21 26					5. Certificate of Status Desired Fee Required	
Sulte, Apt. #, etc. Suite, Apt. #, etc.					Election Campaign Financing \$5.00 May Be	
27					Trust Fund Contribution Added to Fees	
	City & State City & State				7. Is this nonprofit corporation a homeowners association?	
23	28 28				☐ Yes ☐ No	
Zip	Country	L, Zip	Countr	У	8. This corporation owes or has paid the current year intangible	
24]	[25]		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent	8	Name	10. Name and Address of New Registered Agent	
]*	Name	J	
SNYDER, THOMAS R				Street	Address (P.O. Box Number is Not Acceptable)	
	VATSON ROAD		8			
RIVERV	NEW FL 33569		*	'		
			8-	City	85 Zip Code	
44 0		00 and 047 4500 Florida Otat 4	- 15 5 -	1	FL S Z D C C C C C C C C C	
office or	registered agent, or both, in the Stat	e of Florida. Such change was a	uthorized t	ye-named by the cor	rporation's board of directors. I hereby accept the appointment as registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered a:	AVOTE	Designation of the		re regulfed when reinstating) DATE	
12.		ND DIRECTORS	13.	Sout Billiann	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
MILE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SNYDER, THOMAS R REV		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZWP	RIVERVIEW FL 33569		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	MUELLER, KAREN R REV	•	2.2 NAME		Rauch, JAMES 1303 Vally Grove Dr	
STREET ADDRESS			2.3 STREET ADDRE		1303 Valley Grove Dr	
CITY-ST-ZIP	RIVERVIEW FL 33569		2. 4 CITY-ST-ZIP		SEAFNEL, FL, 33584	
TITLE	D	DELETE	3.1 TITLE		L Change L Addition	
NAME	RAUCH, LORRAINE		3.2 NAME		RAuch, Lorgine	
STREET ADDRESS	502A PLEASANT AVE		3.3 STREI	ET ADDRESS	1303 Valley Grove Dr.	
CITY-ST-ZIP	HARFORD WI 53027		3.4. CITY	-ST-ZIP	RAUCH, LOIGINE 1303 Valley Grove Dr. Schfixer, Pt., 33569	
TITLE	1	DELETE	4.1 TITLE		Change Addition	
HALME	1		4. 2 NAM	E)	
STREET ADDRESS	i [4.3 STREE	ET ADDRESS		
CITY - ST - ZIP			4.4 CITY-	-ST-ZIP		
TITLE		[_] DELETE	5.1 TITLE		LI Change L Addition	
NAME	[5.2 NAME			
STREET ADDRESS	·]		5.3 STREE	et adoress		
CITY-ST-ZIP	 	TT API FOR	5.4 CITY			
TITLE	}	☐ DELETE	6.1 TITLE		Change Addition	
HAME			6.2 NAME			
STREET ADDRESS	·1			ET ADDRESS		
CITY-ST-ZIP	Loopid, that the information are	with this filling does not a calle. In	6.4 CITY		and in Cooling 110 07/9VIV Florida Statutas 1 5 other and in the the lates	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.						
DIOCK 12	e of block 15 ii changes ye o'i an an	acimpini mili an accress.				