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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000850

1. Corporation Name

LAMB OF GOD OUR REDEEMER CHURCH, INC.

Principal Place of Business

5203 WATSON ROAD
RIVERVIEW FL 33569

Mailing Address

5203 WATSON ROAD
RIVERVIEW FL 33569



2. Principal Place of Business 21 9602 Springbrook Dr., FL, 33569 Suite, Apt. #, etc.	2a. Mailing Address 26 9602 Springbrook Dr., Riverview, FL 33569 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/11/1997
22 City & State	27 City & State	4. FEI Number APPLIED FOR Applied For No Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

SNYDER, THOMAS R
5203 WATSON ROAD
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name	SNYDER, Thomas R.
82 Street Address (P.O. Box Number is Not Acceptable)	
83	9602 Springbrook Drive
84 City	Riverview
85 Zip Code	FL 33569

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	SNYDER, THOMAS R REV	1.2 NAME	SNYDER, Thomas R, Rev.
STREET ADDRESS	5203 WATSON ROAD	1.3 STREET ADDRESS	9602 Springbrook Drive
CITY-ST-ZIP	RIVERVIEW FL 33569	1.4 CITY-ST-ZIP	Riverview, FL, 33569
TITLE	D	2.1 TITLE	
NAME	RAUCH, JAMES	2.2 NAME	
STREET ADDRESS	1303 VALLEY GROVE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	RAUCH, LORRAINE	3.2 NAME	
STREET ADDRESS	1303 VALLEY GROVE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33569	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	SNYDER, Linda, Rev.	4.2 NAME	SNYDER, Linda, Rev.
STREET ADDRESS	9602 Springbrook Drive	4.3 STREET ADDRESS	9602 Springbrook Drive
CITY-ST-ZIP	Riverview, FL, 33569	4.4 CITY-ST-ZIP	Riverview, FL, 33569
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Rev. L. Snyder* **SIGNATURE REQUIRED** *Thomas R. Snyder* **4/26/99** **(813) 672-3232**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)