

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000850

1. Entity Name

LAMB OF GOD OUR REDEEMER CHURCH, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

04-17-2000 90099 028 ****61.25

Principal Place of Business

Mailing Address

9602 SPRINGBROOK DR
RIVERVIEW FL 33569

9602 SPRINGBROOK DR
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-366-8717
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, THOMAS R
9602 SPRINGBROOK DR
RIVERVIEW FL 33569

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS SNYDER, THOMAS R REV
CITY-ST-ZIP 9602 SPRINGBROOK DR
RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS RAUCH, JAMES
CITY-ST-ZIP 1303 VALLEY GROVE DR
SEFFNER FL 33584

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS RAUCH, JAMES
CITY-ST-ZIP 1222 Windsor Circle
BRANDON, FL., 33510

TITLE ☐ Delete
NAME D
STREET ADDRESS RAUCH, LORRAINE
CITY-ST-ZIP 1303 VALLEY GROVE DR
SEFFNER FL 33569

TITLE ☒ Change ☐ Addition
NAME D
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CITY-ST-ZIP 1222 Windsor Circle
BRANDON, FL., 33510

TITLE ☐ Delete
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CITY-ST-ZIP 9602 SPRINGBROOK DR
RIVERVIEW FL 33569

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Thomas R Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/00 (813)672-3232

Date

Daytime Phone #

CR2E037 (5/00)

2000 UNIFORM BUSINESS REPORT (UBR)

4/17/00-90099-028-\$61.25-\$61.25

DOCUMENT # N97000000850

091100

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9602 SPRINGBROOK DR
RIVERVIEW FL 33569

9602 SPRINGBROOK DR
RIVERVIEW FL 33569-3810

309744



DO NOT WRITE IN THIS SPACE

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City & State

City & State

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Zip

Country

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CITY-ST-ZIP

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1303 VALLEY GROVE DR
SEFFNER FL 33584

TITLE NAME ☒ Change ☐ Addition

Rauch, James
1222 Windsor Circle
Brandon, FL, 33510

TITLE NAME ☐ Delete

D
RAUCH, LORRAINE
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SEFFNER FL 33569

TITLE NAME ☒ Change ☐ Addition

Rauch, Lorraine
1222 Windsor Circle
Brandon, FL, 33510

TITLE NAME ☐ Delete

D
SNYDER, LINDA REV
9602 SPRINGBROOK DR
RIVERVIEW FL 33569

TITLE NAME ☐ Change ☐ Addition

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CITY-ST-ZIP

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Thomas R Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2000 (813)672-3232
Date Daytime Phone #

CR2E037 (1/1/01)

DOC # N97000000850

309744

09-08-00

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **59-366-8717**

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Lamb of God Our Redeemer Church, Inc.	
	2 Trade name of business (if different from name on line 1) N/A	3 Executor, trustee, "care of" name c/o Reverend Thomas Snyder
	4a Mailing address (street address) (room, apt., or suite no.) 9602 Springbrook Drive	5a Business address (if different from address on lines 4a and 4b) N/A
	4b City, state, and ZIP code Riverview, FL 33569	5b City, state, and ZIP code N/A
	6 County and state where principal business is located Hillsborough County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► 094-40-6123 Rev. Thomas R. Snyder	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input type="checkbox"/> State/local government	<input type="checkbox"/> Other corporation (specify) ► _____
<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ► _____	(enter GEN if applicable) _____
<input type="checkbox"/> Other (specify) ► _____	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

N/A

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► church	<input type="checkbox"/> Banking purpose (specify purpose) ► _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ► _____
	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions)

02/11/97

11 Closing month of accounting year (see instructions)

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

09/15/00

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

1**0****0**14 Principal activity (see instructions) ► **church**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used

☐ Yes☒ No

16 To whom are most of the products or services sold? Please check one box:

☐ Public (retail)☐ Other (specify) ► _____☐ Business (wholesale)☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.

☐ Yes☒ No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above.

Legal name ► **N/A**Trade name ► **N/A**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

N/A

City and state where filed

N/A

Previous EIN

N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(813) 672-3232

Fax telephone number (include area code)

(813) 672-1972Name and title (Please type or print clearly.) ► **Rev. Thomas R. Snyder**Signature **Rev. Thomas R. Snyder**Date ► **09-08-00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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