2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 07, 2004 8:00 am Secretary of State DOCUMENT # N99000003388 1. Entity Name 05-07-2004 90136 002 ****70.00 LAMB OF GOD WORSHIP CENTER, INCORPORATED Principal Place of Business Mailing Address 6400 DUDLEY DR 54053567 P.O. BOX 11537 NAPLES FL 34101 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-3459519 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Janice M. Green GREEN, JANICE M 1200 MISTY PINE CT Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 217 Woodshire Lane 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE CATE Stocature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25. 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. . B. B. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete Change TITE TITLE ■ Addition GREEN, JANICE MARIE Green, Janice Marie NAME NAME 5900 WAXMYRTLE WAY 217 woodshire Lane STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34105 ☐ Delete TITLE □ Change ☐ Addition TITLE RILEY, RILEY NAME NAME 4420 BAYSHORE DRIVE #204 STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-7IP **Z** Change TITLE ☐ Delete TITLE Addition Green Randy James GREEN, RANDY JAMES NAME NAME 5900 WAXMYRTLE WAY STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAZILE, REGINA NAME 2648 55TH TERRAÇE APT A STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CiTY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

aniel M. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janice M. Green 5/1/04 239 777-2465

FILED