

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003388

FILED
May 29, 2009
Secretary of State

Entity Name: LAMB OF GOD WORSHIP CENTER, INCORPORATED

Current Principal Place of Business:

6400 DUDLEY DR
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11535
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3459519 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GREEN, JANICE M
217 WOODSHIRE LANE
NAPLES, FL 34105 US

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:

Title: TC () Delete
Name: GREEN, JANICE MARIE
Address: 217 WOODSHIRE LANE
City-St-Zip: NAPLES, FL 34105

Title: T () Delete
Name: RILEY, RILEY
Address: 4420 BAYSHORE DRIVE #204
City-St-Zip: NAPLES, FL 34112

Title: VCT () Delete
Name: GREEN, RANDY JAMES
Address: 217 WOODSHIRE LANE
City-St-Zip: NAPLES, FL 34105

Title: FS () Delete
Name: BAZILE, REGINA
Address: 2648 55TH TERRACE APT A
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PASTOR JANICE M. GREEN, PH.D.

TC

05/29/2009

Electronic Signature of Signing Officer or Director

Date