

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90341 045 \*\*\*\*70.00

0094498

**DOCUMENT # N99000003388**

1. Entity Name

**LAMB OF GOD WORSHIP CENTER, INCORPORATED**



Principal Place of Business

**2740 BAYSHORE DRIVE. UNIT 889  
NAPLES FL 34112**

Mailing Address

**2740 BAYSHORE DRIVE. UNIT 889  
NAPLES FL 34112**

2. Principal Place of Business

**6400 Dudley Drive**

3. Mailing Address

**P.O. Box 11537**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

**Naples, FL**

Zip

**34105**

Country

**USA**

Zip

**34101**

Country

**USA**

4. FEI Number **59-3459519**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, JANICE M  
5900 WAXMYRTLE WAY  
NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **Janice M. Green**

Street Address (P.O. Box Number is Not Acceptable)

**1200 misty Pine Cr.**

**Apt. 201**

City

**Naples**

**FL**

Zip Code

**34105-2506**

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TC** ☐ Delete  
NAME **GREEN, JANICE MARIE**  
STREET ADDRESS **5900 WAXMYRTLE WAY**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **T** ☐ Delete  
NAME **RILEY, RILEY**  
STREET ADDRESS **4420 BAYSHORE DRIVE #204**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VCT** ☐ Delete  
NAME **GREEN, RANDY JAMES**  
STREET ADDRESS **5900 WAXMYRTLE WAY**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **FS** ☐ Delete  
NAME **BAZLE, REGINA**  
STREET ADDRESS **2648 55TH TERRACE APT A**  
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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:

**Janice M. Green**

**4-10-03 239 436-3798**

CR2E037 (10/02)