

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90013 049 ****61.25

DOCUMENT # N 99000006102. ✓

1. Entity Name

Lamb of God Ministries International, Inc.

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80093002

2. Principal Place of Business

1820 S.W. 96TH TERRACE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 571137

City & State

MIRAMAR, FL 33025

Zip

Country

U.S.A.

City & State

Miami FL 33257

Zip

Country

U.S.A.

4. FEI Number

65-0952793

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Douglas Watson

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

1820 S.W. 96TH TERRACE

City

MIRAMAR

FL

Zip Code

33025

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

DOUGLAS E WATSON

Douglas E Watson

4-9-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

**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

TITLE	Watson, Douglas (PD)
NAME	1820 S.W. 96 TERRACE
STREET ADDRESS	MIRAMAR FL 33025
CITY-ST-ZIP	
TITLE	Crowford, Annette (SD)
NAME	1820 S.W. 96 TERRACE
STREET ADDRESS	MIRAMAR FL 33025
CITY-ST-ZIP	
TITLE	CURRIE, DANIEL (TD)
NAME	1820 S.W. 96 TERRACE
STREET ADDRESS	MIRAMAR FL 33025
CITY-ST-ZIP	
TITLE	Watson, Bernolyn (VPD)
NAME	1820 S.W. 96 TERRACE
STREET ADDRESS	MIRAMAR FL 33025
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas E Watson