


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000006102</b> 1. Entity Name <b>LAMB OF GOD MINISTRIES INTERNATIONAL, INC.</b>						FILED 04 AUG -9 PM 2: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1820 SW 90TH TERR. MIRAMAR, FL 33025</b>				Mailing Address <b>PO BOX 571137 MIAMI, FL 33257-1137</b>			
2. Principal Place of Business Suite, Apt. #, etc. <b>1820 SW 90th Terr.</b>		3. Mailing Address <b>PO Box 571137</b>		Suite, Apt. #, etc. <b>Miami FL</b>		City & State <b>Miramar FL</b>	
City & State <b>Miramar FL</b>		City & State <b>FL</b>		4. FEI Number <b>65-0952793</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33025</b>		Country <b>U.S.A.</b>		Zip <b>33257</b>		Country <b>U.S.A.</b>	
6. Name and Address of Current Registered Agent <b>WATSON, DOUGLAS 1820 SW 96TH TERR. MIRAMAR, FL 33025</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>8-5-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, DOUGLAS 1820 SW 96TH TERR. MIRAMAR, FL 33025			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAWFORD, ANNETTE 1820 S.W. 96TH TERRACE MIRAMAR, FL 33025			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURRIE, DANIEL 1820 SW 96TH TERR. MIRAMAR, FL 33025			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WATSON, DERROLYN 1820 SW 96TH TERR. MIRAMAR, FL 33025			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Douglas E. Watson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>8-5-04</b>			
Daytime Phone # <b>(305) 892-2831</b>				