


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006102 1. Entity Name LAMB OF GOD MINISTRIES INTERNATIONAL, INC.	
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Principal Place of Business 1820 SW 90TH TERR. MIRAMAR, FL 33025	Mailing Address PO BOX 571137 MIAMI, FL 33257-1137
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DO NOT WRITE IN THIS SPACE



05112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0952793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATSON, DOUGLAS 1820 SW 96TH TERR. MIRAMAR, FL 33025	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATSON, DOUGLAS 1820 SW 96TH TERR. MIRAMAR, FL 33025
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	TD CURRIE, DANIEL 1820 SW 96TH TERR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WATSON, DERROLYN 1820 SW 96TH TERR. MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/20/05-80001-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Layla Watson **05-13-2005** **308-892-2834**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #