

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N46173**

1. Entity Name

**LAMBETH TRANSWORLD MISSIONS, INCORPORATED**

Principal Place of Business

2940 N.E. 35TH STREET  
OCALA FL 34479  
US

Mailing Address

2940 N.E. 35TH STREET  
OCALA FL 34479  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3095444**

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASS, REVEREND THOMAS WADE**  
**2940 N.E. 35TH STREET**  
**OCALA FL 32670**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LAMBETH, JOHN BRADLEY ☐ Delete  
STREET ADDRESS 2940 NE 35TH STREET  
CITY-ST-ZIP Ocala FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD  
NAME LAMBETH, ROBERT C. ☐ Delete  
STREET ADDRESS 2938 N.E. 35TH STREET  
CITY-ST-ZIP Ocala FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D  
NAME BASS, THOMAS WADE ☐ Delete  
STREET ADDRESS 3205 N.E. 49TH STREET  
CITY-ST-ZIP Ocala FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

352-732-7097

Daytime Phone #

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90080 020 \*\*\*\*\*70.00

**00022738**

DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)