2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N46173

Entity Name: LAMBETH TRANSWORLD MISSIONS, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 600
SILVER SPRINGS, FL 34489 US

New Mailing Address:

FEI Number: 59-3095444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BASS, THOMAS W REV
2940 N.E. 35TH STREET
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LAMBETH, JOHN B REV
Address: 2940 NE 35TH STREET
City-St-Zip: OCALA, FL 34479

Title: VD ( ) Delete
Name: LAMBETH, ROBERT C REV
Address: 2938 N.E. 35TH STREET
City-St-Zip: OCALA, FL 34479

Title: DT ( ) Delete
Name: BASS, THOMAS W REV
Address: 3205 N.E. 49TH STREET
City-St-Zip: OCALA, FL 34479

Title: BM ( ) Delete
Name: DUDLEY, NATHAN REV
Address: 909 NORTH SAINT PAUL
City-St-Zip: WICHITA, KS 67203

Title: BM ( ) Delete
Name: MCKILLOP, DANA H REV
Address: 126 MAIN STREET
City-St-Zip: PLASTER ROCK, NB E7G 2E5 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WADE BASS DT 05/01/2009
Electronic Signature of Signing Officer or Director Date