

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002552

FILED
Aug 01, 2006
Secretary of State

Entity Name: WATCH THE LAMB MINISTRIES, INC.

Current Principal Place of Business:

2519 SOUTEL DR
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

2519 SOUTEL DR
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3219748 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

TUTT, LOUIS M JR
2519 SOUTEL DR
JACKSONVILLE, FL 32208 US

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: TUTT, LOUIS M JR
Address: 2519 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD () Delete
Name: TUTT, BETTY SCOTT
Address: 2519 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: STD () Delete
Name: SCOTT, MONIQUE
Address: 3410 GLADYS ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD () Delete
Name: SCOTT, JOHN JR
Address: 3410 GLADYS ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD () Delete
Name: HOWARD, MARIE R
Address: 10349 SANDLER RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: JACKSON, SANDRA
Address: 828 WHITE COURT
City-St-Zip: DAYTONA, FL 32117

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY TUTT

PD

08/01/2006

Electronic Signature of Signing Officer or Director

Date