

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004595

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: DOUG LAMBERT MINISTRIES, INC.

**Current Principal Place of Business:**

6407 WALNUT BEND DR  
MIDLOTHIAN, VA 23112

**New Principal Place of Business:**

**Current Mailing Address:**

6407 WALNUT BEND DR  
MIDLOTHIAN, VA 23112

**New Mailing Address:**

FEI Number: 59-3410637

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUSKIEWICH, JIM  
3516 LEGACY HILLS CT.  
LONGWOOD, FL 32779 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: DP ( ) Delete  
Name: LAMBERT, DOUG  
Address: 6407 WALNUT BEND DR  
City-St-Zip: MIDLOTHIAN, VA 23112

Title: DPV ( ) Delete  
Name: SUSKIEWICH, JIM  
Address: 3516 LEGACY HILLS CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: ST ( ) Delete  
Name: LAMBERT, TAMMY  
Address: 6407 WALNUT BEND DR  
City-St-Zip: MIDLOTHIAN, VA 23112

**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:

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: DOUG LAMBERT

DP

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date