

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004595

FILED
Jan 21, 2008
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 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: DOUGLAS LAMBERT

DP

01/21/2008

Electronic Signature of Signing Officer or Director

Date