

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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98 APR 27 MIII: 19

Lambs lemple hesource to	Ministries INC.		
Principal Place of Business Mailing Address			
P.O. Box 437 Palmer 10. 1714 West	< <del></del>		
120, 121		3. Date incorporated or Qualified	
Midway FL 32343 Bainbridge GA 31717		EEI Ali maker	1
		FEI Number (59 - 34/2794	Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address			
17.0 Box 487 Palmer RD 26 1714 West St.		Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #, etc.		Election Campaign Financing	\$5.00 May Be
27		Trust Fund Contribution	Added to Fees
City & State		7. Is this nonprofit corporation a homeowners association?	
28 Nidway FL 28 Bainbridge GA		☐ Yes ☐	No
Country Zip Country		This corporation owes or has paid the curre	
24 37343 25 U.S 29 31717 30 9. Name and Address of Current Registered Agent	-L		Yes No
Betty Hadley Hadley			
62 Street Address (P.O. Box Number is Not Acceptable) ++ \( \tag{62}			
2605 Pine Knoll DA. Tid			<del></del>
	[]		
	84 Cily I o la la	محجود FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes,	the above-named corporation		hanging its registered
office or registered agent, or both, in the State of Horida, Such change was auth	orized by the corporation's b	oard of directors. I hereby accept the appoin	ntment as registered
agent I am familiar with and accept the obligations of Section 617.0503, Florid		3-22-99	7
SIGNATURE Showard product name of right serial agent and take if applicable (NOE Ri	IVCQSUPEY agistered Agent signature required when		δ
12. OF FICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE President - Director DELETE	1.1 TITLE Secres		Change
NAME Willie Lamb	12 NAME Andric	a Ethridae	
STREET ADDRESS 1714 West St.		Iberta Bri	
atty-st-zip Bainbridge GA	14 CITY-ST-ZIP Tallal	hassee FL 32304	
THE Vice President - Director DELETE	2 1 TITLE		Change
NAME Vivian Lamb	2.2 NAME	<u> SOCOCOSCOA:</u>	2260
STREET ADDRESS 1714 West Et.	2.3 STREET ADDRESS	6000025043369 -04/29/9801009001	
CITY-ST-ZIP Bainbridge GA	2. 4 CITY - ST - ZIP		**************************************
THE Treasurer Director DELETE	3.1 TITLE	****297.50 t	Change - T Add from
NAME Betty Hadley	3.2 NAME		
STREET ADDRESS 2605 Pine Knott Dr. #2	3.3 STREET ADDRESS		
CITY-ST-ZIP Tallahassee FL 32310	3.4. CITY - ST - ZIP		
TITLE DELETE	4.1 TITLE	Ĺ	☐ Change ☐ Addition
NAME	4. 2 NAME		פיב מ
STREET ADDRESS	4.3 STREET ADDRESS		7-98
CITY-ST-ZIP DELETE	4.4 CITY-ST-ZIP	STATEMENI =	/ / -
NAME	5.1 TITLE F	OIVIFILE	AGOILION AGOILION
NAME STREET ADDRESS	5.2 NAME	/1 ./	1.98
CITY-SI-7IP	5.3 STREET ADDRESS	5L 4.	-27-98
TITLE DELETE	5.4 CITY~ST-ZIP 6.1 TITLE		Change    Addition
NAME	62 NAME	<b>-</b>	- criango - Munitibil
STREET ADDRESS	6 3 STREET ADDRESS		
CITY-ST-2IP	64 CITY - ST - ZIP		
14. Thereby certify that the information supplied with this filing does not qualify for the	e exemption stated in Section	119.07(3)(i), Florida Statutes. I further certi	fy that the information
officer or director of the corporation or the receiver or trusted empowered to execute	a and that my signature chall	have the come local effect on if made unde	rocth, that the are
Block 12 or Block 13 if changed, or on an attachment with an address.		, and that my	manie appears III

SIGNATURE: Ordina Edharda Andria Ethridge