

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 21 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006078

1. Corporation Name

THE LAMB'S TEMPLE RESOURCE MINISTRIES, INC.

Principal Place of Business
P.O. BOX 437 PALMER RD
MIDWAY FL 32343

Mailing Address
1714 WEST ST
BAINBRIDGE GA 31717



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 12/02/1996 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-3412794 | |
| City & State | | City & State | | Applied For | |
| 23 | | 28 | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 24 | | 29 | | \$8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 | | 30 | | Trust Fund Contribution <input type="checkbox"/> | |
| | | | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HADLEY, BETTY
2605 PINE KNOLL DR
#2
TALLAHASSEE FL 32310

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMB, WILLIE | 1.2 NAME | 600002754906--E |
| STREET ADDRESS | 1714 WEST ST | 1.3 STREET ADDRESS | -01/26/99--01049--001 |
| CITY-ST-ZIP | BAINBRIDGE GA | 1.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| TITLE | VPD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAMB, VIVAN | 2.2 NAME | |
| STREET ADDRESS | 1714 WEST ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BAINBRIDGE GA | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ETHRIDGE, ANDRIA | 3.2 NAME | |
| STREET ADDRESS | 1512 ELBERTA DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32304 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HADLEY, BETTY | 4.2 NAME | |
| STREET ADDRESS | 2605 PINE KNOLL DR #2 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32310 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0061118

CR2E037 (11/98)