

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006078

1. Entity Name

THE LAMB'S TEMPLE RESOURCE MINISTRIES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 437 PALMER RD  
MIDWAY FL 32343

1714 WEST ST  
BAINBRIDGE GA 31717-4966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3412794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

*Marjorie Victor*  
*P.O. Box 856*  
*384 Williams Rd*  
*Midway, FL 32343*

Name

Street Address (P.O. Box Number is Not Acceptable)

600003161066--4

City

03/07/00 01094 016

\*\*\*\*61.25 FL \*\*\*\*61.25

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME LAMB, WILLIE  
STREET ADDRESS 1714 WEST ST  
CITY-ST-ZIP BAINBRIDGE GA

TITLE VPD ☐ Delete  
NAME LAMB, VIVIAN  
STREET ADDRESS 1714 WEST ST  
CITY-ST-ZIP BAINBRIDGE GA

TITLE ☒ Delete  
NAME ETHRIDGE, ANDRIA  
STREET ADDRESS 1512 ELBERTA DR  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☒ Delete  
NAME HADLEY, BETTY  
STREET ADDRESS 2605 PINE KNOLL DR #2  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☒ Delete  
NAME *Marjorie Victor*  
STREET ADDRESS *P.O. Box 856*  
CITY-ST-ZIP *Midway, FL 32343*

TITLE ☒ Delete  
NAME *Johnnie M. Charis*  
STREET ADDRESS *1309 Nancy Drive*  
CITY-ST-ZIP *Tallahassee, Florida 32301*

TITLE *D. Glen Arthur Sawyer* ☐ Change ☒ Addition  
NAME *163 Cohen/Green rd.*  
STREET ADDRESS *Bainbridge Ga. 31717*  
CITY-ST-ZIP

TITLE *Sannie Houston* ☐ Change ☒ Addition  
NAME *PO Box 437 N/A*  
STREET ADDRESS *Midway Fla 32343*  
CITY-ST-ZIP

TITLE *D. Stephanie Robinson* ☐ Change ☒ Addition  
NAME *PO Box 437 N/A*  
STREET ADDRESS *Midway Fla 32343*  
CITY-ST-ZIP

TITLE *D. Eugene Lamb* ☐ Change ☒ Addition  
NAME *PO Box 592 N/A*  
STREET ADDRESS *Midway FL 32343*  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William Lamb* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-2000 912-24622

CR2E037 (9/99)