

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90018 024 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000006078			
1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3412794		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VACTOR, MARJORIE 384 WILLIAMS ROAD MIDWAY FL 32343		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAMB, WILLIE 1714 WEST ST BAINBRIDGE GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eugene Lamb <input type="checkbox"/> Change <input type="checkbox"/> Addition Midway, FL 32343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMB, VIVIAN 1714 WEST ST BAINBRIDGE GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Theresa Edwards <input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1993 Suwanee, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VACTOR, MARJORIE P.O. BOX 856 MIDWAY FL 32343 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVIS, JOHNNIE M 1309 NANCY DRIVE TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, GLEN ARTHUR 163 COHEN/GREEN RD. BAINBRIDGE GA 31717 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOUSTON, ANNIE P.O. BOX 437 MIDWAY FL 32343 <input type="checkbox"/> Delete	TITLE 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: <i>MARJORIE VACTOR</i> 1/5/2001 504-1414 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (10/00)