

# 2002 UNIFORM BUSINESS REPORT (UBR)

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.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90003 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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

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

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

TITLE PD  
NAME LAMB, EUGENE  
STREET ADDRESS 1714 WEST ST  
CITY-ST-ZIP MIDWAY FL 32343

☐ Delete

TITLE VPD  
NAME EDWARDS, THERESA  
STREET ADDRESS P O BOX 1993  
CITY-ST-ZIP QUINCY FL

☐ Delete

TITLE TD  
NAME VACTOR, MARJORIE  
STREET ADDRESS P.O. BOX 856  
CITY-ST-ZIP MIDWAY FL 32343

☐ Delete

TITLE D  
NAME CHAVIS, JOHNNIE M  
STREET ADDRESS 1309 NANCY DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

☐ Delete

TITLE D  
NAME SAWYER, GLEN ARTHUR  
STREET ADDRESS 163 COHEN/GREEN RD.  
CITY-ST-ZIP BAINBRIDGE GA 31717

☐ Delete

TITLE S  
NAME HOUSTON, ANNIE  
STREET ADDRESS P.O. BOX 437  
CITY-ST-ZIP MIDWAY FL 32343

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0091987

CR2E037 (9/01)