

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR -3 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04032007 Chg-NP CR2E037 (12/06)

DOCUMENT # N96000006078	
1. Entity Name THE LAMB'S TEMPLE RESOURCE MINISTRIES, INC.	



Principal Place of Business 102 PALMER ROAD MIDWAY, FL 32343	Mailing Address POST OFFICE BOX 763 MIDWAY, FL 32343
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, WILLIE	NAME	
STREET ADDRESS	P.O. BOX 763	STREET ADDRESS	
CITY-ST-ZIP	MIDWAY, FL 32343	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, WAYMOND	NAME	
STREET ADDRESS	P.O. BOX 763	STREET ADDRESS	
CITY-ST-ZIP	MIDWAY, FL 32343	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACTOR, MARJORIE	NAME	
STREET ADDRESS	P.O. BOX 856	STREET ADDRESS	
CITY-ST-ZIP	MIDWAY, FL 32343	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, VIVIAN	NAME	
STREET ADDRESS	P.O. BOX 763	STREET ADDRESS	
CITY-ST-ZIP	MIDWAY, FL 32343	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, EMMA L	NAME	
STREET ADDRESS	P.O. BOX 587	STREET ADDRESS	
CITY-ST-ZIP	MIDWAY, FL 32343	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, ANNIE	NAME	
STREET ADDRESS	P.O. BOX 763	STREET ADDRESS	
CITY-ST-ZIP	MIDWAY, FL 32343	CITY-ST-ZIP	

700095884617
04/05/07-01030-013 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Marjorie Vactor* 4-3-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/3/07