

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006078

FILED
Mar 16, 2009
Secretary of State

Entity Name: THE LAMB'S TEMPLE RESOURCE MINISTRIES, INC.

Current Principal Place of Business:

102 PALMER ROAD
MIDWAY, FL 32343

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 763
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 59-3412794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VACTOR, MARJORIE
384 WILLIAMS ROAD
MIDWAY, FL 32343 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAMB, WILLIE
Address: P.O. BOX 763
City-St-Zip: MIDWAY, FL 32343

Title: VPD () Delete
Name: JACKSON, WAYMOND
Address: P.O. BOX 763
City-St-Zip: MIDWAY, FL 32343

Title: T () Delete
Name: VACTOR, MARJORIE
Address: P.O. BOX 856
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: LAMB, VIVIAN
Address: P.O. BOX 763
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: LEE, EMMA L
Address: P.O. BOX 587
City-St-Zip: MIDWAY, FL 32343

Title: SD () Delete
Name: HOUSTON, ANNIE
Address: P.O. BOX 763
City-St-Zip: MIDWAY, FL 32343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJORIE VACTOR

T

03/16/2009

Electronic Signature of Signing Officer or Director

Date