

2003 NOT-FOR-PROFIT CORPORATION 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

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **500012328215** ☐ Change ☐ Addition
NAME **02/12/03--01008--002 **61.25**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME **Gloria Walker**
STREET ADDRESS **591 Palmer Rd.**
CITY-ST-ZIP **Midway Fla 32343**

TITLE ☒ Change ☐ Addition
NAME **Emmal Lee**
STREET ADDRESS **P.O. Box 587**
CITY-ST-ZIP **Midway, Fl 32343**

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:

[Signature]

2-4-03 854-5411111

FILED

03 FEB -5 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3412794**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/02)