

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended UBR*

DOCUMENT # N96000006078

1. Entity Name

*The Lamb's Temple Resources  
ministries, INC*

**FILED**

03 APR 23 PM 2:27

**DO NOT WRITE IN THIS SPACE**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

*102 Palmer Rd*  
Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 763*  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Midway FL*  
Zip *32343* County *Gadsden*

City & State

*Midway FL*  
Zip *32343* County *Gadsden*

4. FEI Number

*59-3412794*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Margorie Vactor*

Street Address (P.O. Box Number is Not Acceptable)

*P.O. Box 856*

*384 Williams Rd*

City

*Midway*

FL

Zip Code

*32343*

**DO NOT WRITE  
IN THIS SPACE**

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

*MARGORIE VACTOR*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/20/03*

DATE

**FEE IS \$61.25**  
Initial or Amended UBR

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Willie Lamb*  
*P.O. Box 763*

*Midway FL 32343*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**800018470478**  
05/07/03--01124--012 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Waymond Jackson VP*  
*P.O. Box 763*

*Midway FL 32343*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Margorie Vactor T*  
*P.O. Box 856*

*Midway FL 32343*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Vivian Lamb*  
*P.O. Box 763*

*Midway FL 32343*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Emma L Lee*  
*P.O. Box 587*

*Midway FL 32343*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*QNN. & Houston S*  
*P.O. Box 763*

*Midway FL 32343*

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Margorie Vactor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/03*

Date

Daytime Phone #