

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

Amended

DOCUMENT # *N96000.006078*

1. Entity Name

The Lamb's Temple Resource Ministries

FILED

03 JUL 28 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

102 Palmer Rd
Suite, Apt. #, etc.

3. Mailing Address

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

700022341887
08/15/03--01012--008 **\$1.25

DO NOT WRITE IN THIS SPACE

City & State

Midway FL

City & State

Midway FL

4. FEI Number

59-3412794

Applied For

Not Applicable

Zip

Country

32343

Gadsden

Zip

Country

32343

Gadsden

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Marjorie Vactor*
Street Address (P.O. Box Number is Not Acceptable)
384 Williams Rd
Midway
City *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

Marjorie Vactor

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

(NOTE: Registered Agent signature required when reinstating)

7/28/03

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	<i>President</i>
NAME	<i>Willie Lamb</i>
STREET ADDRESS	<i>P.O. Box 763</i>
CITY-ST-ZIP	<i>Midway FL 32343</i>
TITLE	<i>Vice President/Director</i>
NAME	<i>Waymond Jackson</i>
STREET ADDRESS	<i>P.O. Box 763</i>
CITY-ST-ZIP	<i>Midway FL 32343</i>
TITLE	<i>Treasurer</i>
NAME	<i>Marjorie Vactor</i>
STREET ADDRESS	<i>P.O. Box 856</i>
CITY-ST-ZIP	<i>Midway FL 32343</i>
TITLE	<i>Director</i>
NAME	<i>William Lamb</i>
STREET ADDRESS	<i>P.O. Box 763</i>
CITY-ST-ZIP	<i>Midway FL 32343</i>
TITLE	<i>Director</i>
NAME	<i>Emma Lee</i>
STREET ADDRESS	<i>P.O. Box 587</i>
CITY-ST-ZIP	<i>Midway FL 32343</i>
TITLE	<i>Secretary/Director</i>
NAME	<i>Annie Houston</i>
STREET ADDRESS	<i>P.O. Box 763</i>
CITY-ST-ZIP	<i>Midway FL 32343</i>

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Marjorie Vactor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

DATE DAYTIME PHONE #

CR2E037B (12/01)