2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # F99000000332** SHEEP SHED MINISTRIES INCORPORATED 04 FEB 18 PM 1: 18 Mailing Address Principal Place of Business 2820 OAK RIDGE RD W 2820 OAK RIDGE RD W TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 3. Mailing Address
42 -CORAL 2. Principal Place of Business WAY 42 CORAL Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 Chg-NP CR2E037 (10/03) 4. FEI Number 43-1552164 Applied For City & State City & State Crawford ville, FC Crawfordville Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32327 Wakulla 32327 NaKulla 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, IRA GENE Street Address (P.O. Box Number is Not Acceptable) 2820 OAK RIDGE ROAD W TALLAHASSEE, FL 32305 Zip Code Crawfordv: 11e 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees , Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE NAME NAME HARRIS, IRA GENE 42 CORAL WAY 2820 OAKRIDGE ROAD W STREET ADDRESS STREET ADDRESS Crawforduille, FL 32327 TALLAHASSEE, FL 32305 CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition VCST TITLE ☐ Delete TITLE HARRIS, DANA NAME NAME 42 CORAL WAY Crawfordville, FL 32327 STREET ADDRESS STREET ADDRESS 2820 OAKRIDGE ROAD W TALLAHASSEE, FL 32305 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HARRIS, PAUL NAME NAME 500029318765 02/24/04--01053--001 **61.25 STREET ADDRESS STREET ADDRESS 11307 N. NASHUA DR CITY-ST-ZIP KANSAS CITY, MO 64155 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME HARRIS, DANA NAME 42 CORAL WAY STREET ADDRESS STREET ADDRESS 2020 OAKRIDGE ROAD W-Crawfordville, FL 32327 CITY-ST-ZIP TALLAHASSEE, FL 02305 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

DANA HARRIS,

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR