

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011930

FILED
Apr 30, 2018
Secretary of State
CC3640608369

Entity Name: FINDING THE LOST SHEEP INC.

Current Principal Place of Business:

122 WEST MCKEY ST.
OCOE, FL 34761

Current Mailing Address:

P.O.BOX 770591
WINTER GARDEN, FL 34777 US

FEI Number: 84-1665528

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HODGE, ANTHONY L.
12517 CEMETERY RD
WINTER GARDEN, FL 34787 US

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

Officer/Director Detail :

Title DIRECTOR
Name KELLY, KENNY
Address 4948 LAKE PICKETT DR
City-State-Zip: GROVELAND FL 34736

Title SECRETARY
Name SMITH, LORRAINE V
Address 6019 POWDER POST DR
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR
Name TAYLOR, JOSH
Address 12423 MARSHALL FARMS RD
City-State-Zip: WINTER GARDEN FL 34787

Title PRESIDENT
Name HODGE, ANTHONY
Address 12517 CEMETERY RD
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name VILLARD-HODGE, SHAREE
Address 12517 CEMETERY RD
City-State-Zip: WINTER GARDEN FL 34787

Title TREASURER
Name BOARDMAN, REED
Address 1011 TERRACE BLVD
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name RATLIFF, JULIE
Address 17606 SATSUMA CIRCLE
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name FLECK, PETER
Address 10820 WONDER LANE
City-State-Zip: WINDERMERE FL 34786

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: SHAREE VILLARD-HODGE

EXECUTIVE DIRECTOR

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RICHARDSON , LUCY
Address 303 SW CROWN POINT RD
City-State-Zip: WINTER GARDEN FL 34787