FEI NUMBER: 84-1665528			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Agent:			
HODGE, SHAR 784 KLONDIKE WINTER GARD				
The above named	I entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE	SHAREE HODGE		02/07/2024	
	Electronic Signature of Registered Agent		Date	
Officer/Dire	ctor Detail :			
Title	DIRECTOR	Title	ASST. SECRETARY	
Name	KELLY, KENNY	Name	SMITH, LORRAINE V	
Address	4948 LAKE PICKETT DR	Address	6019 POWDER POST DR	
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	ORLANDO FL 32810	
Title	DIRECTOR	Title	PRESIDENT, EXECUTIVE DIRECTOR	
Name	TAYLOR, JOSH	Name	HODGE, SHAREE	
Address	12423 MARSHALL FARMS RD	Address	15700 PINE SISKIN LOOP	
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	MASCOTTE FL 34753	
Title	DIRECTOR	Title	DIRECTOR	
Name	BOARDMAN, REED	Name	RATLIFF, JULIE	
Address	1011 TERRACE BLVD	Address	17606 SATSUMA CIRCLE	
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	WINTER GARDEN FL 34787	
Title	DIRECTOR	Title	DIRECTOR	
Name	RICHARDSON , LUCY	Name	WEATHERS, DENISE	
Address	303 SW CROWN POINT RD	Address	P.O. BOX 770591	
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34777	

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

FEI Number: 84-1665528

N

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

Entity Name: FINDING THE LOST SHEEP INC.

784 KLONDIKE ST WINTER GARDEN, FL 34787

DOCUMENT# N04000011930

Current Mailing Address:

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

Certificate of Status Desired: Yes

PRESIDENT

Continues on page 2

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Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: SHAREE HODGE

Date

FILED Feb 07, 2024 Secretary of State 2970029314CC

Officer/Director Detail Continued :

Title	SECRETARY	Title	TREASURER
Name	FREEMAN, WAYNE	Name	WEBB, DEBORAH
Address	P.O. BOX 770591	Address	6775 HOLLY STREET
City-State-Zip:	WINTER GARDEN FL 34777	City-State-Zip:	MT. DORA FL 33757