

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011930

Entity Name: FINDING THE LOST SHEEP INC.**Current Principal Place of Business:**784 KLONDIKE ST
WINTER GARDEN, FL 34787**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, SHAREE
784 KLONDIKE ST
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:** SHAREE HODGE

04/01/2023

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	DIRECTOR
Name	TAYLOR, JOSH
Address	12423 MARSHALL FARMS 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	FLECK, PETER
Address	10820 WONDER LANE
City-State-Zip:	WINDERMERE FL 34786

Title	SECRETARY
Name	SMITH, LORRAINE V
Address	6019 POWDER POST DR
City-State-Zip:	ORLANDO FL 32810
Title	PRESIDENT, EXECUTIVE DIRECTOR
Name	HODGE, SHAREE
Address	15700 PINE SISKIN LOOP
City-State-Zip:	MASCOTTE FL 34753
Title	DIRECTOR
Name	RATLIFF, JULIE
Address	17606 SATSUMA CIRCLE
City-State-Zip:	WINTER GARDEN FL 34787
Title	DIRECTOR
Name	RICHARDSON, LUCY
Address	303 SW CROWN POINT RD
City-State-Zip:	WINTER GARDEN FL 34787

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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 V HODGE**PRESIDENT**

04/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEATHERS, DENISE
Address P.O. BOX 770591
City-State-Zip: WINTER GARDEN FL 34777

Title DIRECTOR
Name FREEMAN, WAYNE
Address P.O. BOX 770591
City-State-Zip: WINTER GARDEN FL 34777