

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011930

**Entity Name:** FINDING THE LOST SHEEP INC.**Current Principal Place of Business:**730 9TH ST  
WINTER GARDEN, FL 34787**Current Mailing Address:**P.O.BOX 770591  
WINTER GARDEN, FL 34777**FEI Number:** 84-1665528**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HODGE, ANTHONY L.  
6124 WESTGATE DR  
#103  
ORLANDO, FL 32835 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 CHAIRMAN  
Name HODGE, ANTHONY  
Address 6124 WESTGATE DR  
#103  
City-State-Zip: ORLANDO FL 32835

Title DIRECTOR  
Name KELLY, KEN  
Address 12536 BUTLER BAY COURT  
City-State-Zip: WINDERMERE FL 34786

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

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

Title VC  
Name VILLARD-HODGE, SHAREE VIRGINIA  
Address 6124 WESTGATE DR # 103  
City-State-Zip: ORLANDO FL 32835

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

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

**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

VICE CHAIR

04/28/2015

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