

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006074

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: SEEK THE LAMB INC.

**Current Principal Place of Business:**

24 N. CHURCH ST. #302  
WAILUKU, HI 96793

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2151  
VERO BEACH, FL 32961

**New Mailing Address:**

FEI Number: 33-1093370      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BAGBY, MICHAEL  
450 39TH COURT  
VERO BEACH, FL 32968      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

**OFFICERS AND DIRECTORS:**

Title: CPS      ( ) Delete  
Name: BAGBY, GLENN MICHAEL  
Address: 450 39TH CT.  
City-St-Zip: VERO BEACH, FL 32968

Title: VPD      ( ) Delete  
Name: BAGBY, GLENN MICHAEL  
Address: 450 39TH CT.  
City-St-Zip: VERO BEACH, FL 32968

Title: D      ( ) Delete  
Name: MASSENBURG, BENJAMIN III  
Address: 37 KAU ST.  
City-St-Zip: KULA, HI 96790

Title: D      ( ) Delete  
Name: SPENCER, MARK  
Address: 204 KAWAILANI CIR.  
City-St-Zip: KIHAI, HI 96753

Title: D      ( ) Delete  
Name: GOFF, JAMES T  
Address: 1940 10TH AVE SUITE C  
City-St-Zip: VERO BEACH, FL 32960 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN MICHAEL BAGBY

CPS

06/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date