

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002281

FILED
Feb 04, 2012
Secretary of State

Entity Name: FEED MY LAMBS MINISTRIES, INC.

Current Principal Place of Business:

100 MEDALIST ROAD
ROTONDA WEST, FL 33947

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 549
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 30-0172486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, RANDALL
100 MEDALIST ROAD
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

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: D
Name: HAWKINS, GLEN MR.
Address: POST OFFICE BOX 324
City-St-Zip: ROCK CAVE, WV 26234

Title: D
Name: HAWKINS, BARBARA MRS.
Address: POST OFFICE BOX 324
City-St-Zip: ROCK CAVE, WV 26234

Title: D
Name: KNAUB, DAVID MR.
Address: 5 GARNER ROAD
City-St-Zip: BLOOMSBURY, NJ 08804

Title: D
Name: KNAUB, BETSY L MRS.
Address: 5 GARNER ROAD
City-St-Zip: BLOOMSBURY, NJ 08804

Title: P
Name: SMITH, RANDALL P
Address: 100 MEDALIST ROAD
City-St-Zip: ROTONDA WEST, FL 33947

Title: VT
Name: SMITH, MARIE A
Address: 100 MEDALIST ROAD
City-St-Zip: ROTONDA WEST, FL 33947

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: RANDALL PAUL SMITH

PRES

02/04/2012

Electronic Signature of Signing Officer or Director

Date