

F96000000562

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: THE SHEPHERD'S LAMBS, INC.
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

AUDREY ANN VOLZ
(Name of Person)
THE SHEPHERD'S LAMBS, INC.
(Firm/Company)
P.O. BOX 996
(Address)
ENGLEWOOD, FL, 34295
(City, State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Audrey Ann Volz at (941) 475 - 1502
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. THE SHEPHERD'S LAMBS, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. DeKalb County, Georgia 3. 58-1628409
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. April 22, 1985 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. not yet - expect to begin 2/15/96
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 617.155, F.S.)
7. P.O. Box 996 In Ga. - P.O. Box 861
Englewood, FL, 34295 Stone Mountain, Ga. 30086
(Current mailing address)

To Operate, maintain, fund & finance orphanages, ^{In Haiti} raise cash & other assets to
8. provide food, clothing, housing, educate orphans & the needy and destitute in 3rd
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) World countries

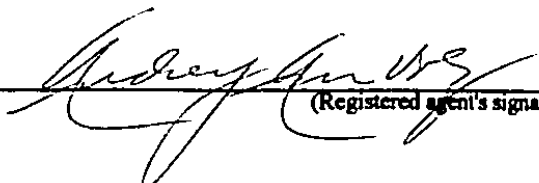
9. Name and street address of Florida registered agent:

Audrey Ann Volz
(Name)
2021 Keyway Drive
(Office address)
Englewood, Florida, 34223
(City) (Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Robert Atkinson

Address: 8032 Virgo St. Jacksonville, FL, 32216

Director: Mr. & Mrs. Grady Reeves

Address: 101 Old Cashes Valley

Blue Ridge, Fa. 30513

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Audrey Ann Volz

Address: 2021 Keyway Drive

Englewood, FL 34223

Vice President: _____

Address: _____

Secretary: Mary C. Brokaw

Address: 3329 White Castle Way, Decatur, Ga. 30034

Treasurer: Margaret Block

Address: 2021 Keyway Dr. Englewood, FL 34223

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

AUDREY ANN VOLZ, PRESIDENT & DIRECTOR

(Typed or printed name and capacity of person signing application)

ADDITIONAL MEMBERS TO THE BOARD OF DIRECTORS:

Terri Hotchkiss
28 Oakbrook Dr
Coto de Casa, CA 92679

David Nemnich
4496 Ginger Wood Lane
Stone Mt., Ga. 30083

Nita Nemnich
4496 Ginger Wood Lane
Stone Mt., Ga. 30083

Lurleen Lalor
247 Kings Hwy
Decatur, GA. 30030

Connie Springfield
2749 Fieldstone Dr.
Conyers, Ga. 30208

Chauncer Turner
480 Timothy Rd
Athens, Ga. 30606

Lenora Turner
480 Timothy Road
Athens, Ga. 30606

Douglas Lane
2033 Derenne
Savannah, Ga. 31406

Chandler Bridges
P.O.Box 998
Cleveland, GA. 30528

Beverly Bridges
P.O.Box 998
Cleveland, Ga. 30528

Connie Springfield
2749 Fieldstone Dr.
Conyers, Ga. 30208

* More directors in the Florida
area will be added

Glenda Lane
2033 Derenne
Savannah, Ga. 31406

Secretary of State
Business Information and Services
Suite 315, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334-1530

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PRINT DATE : 01/11/1996
FORM NUMBER : 211

AUDREY VOLZ
P.O. BOX 861
STONE MOUNTAIN GA 30086

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CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE SHEPHERD'S LAMBS, INC.
A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Lewis A. Massey
LEWIS A. MASSEY
SECRETARY OF STATE

