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Jan 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000562 (6)

1. Corporation Name

THE SHEPHERD'S LAMBS, INC.

Principal Place of Business

Mailing Address

PO BOX 996
ENGLEWOOD FL 34295

PO BOX 861
STONE MTN GA 30086-0861

3. Date Incorporated or Qualified
02/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

58-1628400

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLZ, AUDREY ANN
2021 KEYWAY DR
ENGLEWOOD FL 34223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ATKINSON, ROBERT
STREET ADDRESS 8032 VIRGO ST
CITY-ST-ZIP JACKSONVILLE FL 32216

DELETE

TITLE D
NAME REEVES, MR & MRS GRADY
STREET ADDRESS 101 OLD CASHES VALLEY
CITY-ST-ZIP BLUE RIDGE GA 30513

DELETE

TITLE P
NAME VOLZ, AUDREY ANN
STREET ADDRESS 2021 KEYWAY DR
CITY-ST-ZIP ENGLEWOOD FL 34223

DELETE

TITLE S
NAME BROKAW, MARY C
STREET ADDRESS 3329 WHITE CASTLE WAY
CITY-ST-ZIP DECATUR GA 30034

DELETE

TITLE T
NAME BLOCK, MARGARET
STREET ADDRESS 2021 KEYWAY DR
CITY-ST-ZIP ENGLEWOOD FL 34223

DELETE

TITLE D
NAME HOTCHKISS, TERRI
STREET ADDRESS 28 OAKBROOK DR
CITY-ST-ZIP COSTO DE CAZA CA 92679

DELETE

1.1 TITLE D
1.2 NAME MARILYN PITAMBERG
1.3 STREET ADDRESS 11821 DELEON DRIVE
1.4 CITY-ST-ZIP WARM MINERAL SPRINGS, FL 34287

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Audrey Ann Volz* AUDREY ANN VOLZ, 1/15/97 (941) 475-1502
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0076876

CR2E037 (9/96)