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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1996

4. FEI Number

58-1628409

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes ☒ No

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

TITLE **D** ☐ DELETE
NAME **MARILYN PITAMBERSING**
STREET ADDRESS **11821 DELEON DR.**
CITY-ST-ZIP **WARM MINERAL SPRINGS FL**

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

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

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

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

TITLE **D** ☐ DELETE
NAME **HOTCHKISS, TERRI**
STREET ADDRESS **2065 BETHANY SPRING TRACE**
CITY-ST-ZIP **CUMMING GA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**HOTCHKISS, TERRI
1225 SQUIRE LANE
CUMMING, GA 30131**

14. I 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

2/5/98 (941)475-1502

CR2E037 (10/97)