

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000562

1. Corporation Name

THE SHEPHERD'S LAMBS, INC.

Principal Place of Business

PO BOX 996
ENGLEWOOD FL 34295

Mailing Address

PO BOX 861
STONE MTN GA 30086

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90215 039 *****61.25

04-27-1999 90215 040 *****8.75



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/01/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

58-1628409

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

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

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D Dr. G. C. JOHN**
1.3 STREET ADDRESS **750 N.E. 62nd St #212**
1.4 CITY-ST-ZIP **Miami, FL 33138**

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

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

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

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

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

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

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

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

TITLE ☐ DELETE
NAME **D HOTCHKISS, TERRI**
STREET ADDRESS **1225 SQUIRE LANE**
CITY-ST-ZIP **CUMMING GA 30131**

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

Date

941-475-1502

Daytime Phone #

CR2E037 (11/98)

0081044