

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000332

1. Entity Name
Sheep Shed Ministries, Incorporated

APPROVED
AND
FILED

00-FEB 25 PM 4:40

Principal Place of Business Mailing Address
2775 Cathedral Drive #268
Tallahassee, FL 32310

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **43-1552164** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Ira Gene Harris
2775 Cathedral Dr. #268
Tallahassee, FL 32310

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Chairman/President <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRA GENE HARRIS		NAME		
STREET ADDRESS	2775 Cathedral Dr. #268		STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32310		CITY-ST-ZIP		
TITLE	Vice Chairman/Sec. + Treas. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANA HARRIS		NAME		
STREET ADDRESS	2775 Cathedral Dr. #268		STREET ADDRESS		
CITY-ST-ZIP	Tallahassee, FL 32310		CITY-ST-ZIP		
TITLE	Director <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Paul Harris		NAME		
STREET ADDRESS	11307 N. Nashua Dr.		STREET ADDRESS		
CITY-ST-ZIP	Kansas City, MO 64155		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dana Harris** DANA HARRIS 2/25/00 850-504-3999

CR2E037 (9/99)