

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90075 032 ****61.25

DOCUMENT # N00000004863

1. Entity Name

FEED MY SHEEP AGAPE MINISTRIES, INC.

Principal Place of Business.

Mailing Address

551 CR 630-A
 FROSTPROOF FL 33843

551 CR 630-A
 FROSTPROOF FL 33843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3668244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, VERNON E
551 CR 630-A
FROSTPROOF FL 33843

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

FILE NOW:
FEE IS \$61.25

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	D	<input type="checkbox"/> Delete
NAME	MORGAN, JANE L	
STREET ADDRESS	551 CR 630-A	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, VERNON E	
STREET ADDRESS	551 CR 630-A	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, BRIAN K	
STREET ADDRESS	1011 HIGHVIEW DRIVE	
CITY-ST-ZIP	LAKE WALES FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP-S-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgan, Jane L	
STREET ADDRESS	551 CR 630A	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgan, Vernon E	
STREET ADDRESS	551 CR 630 A	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morgan, Brian K	
STREET ADDRESS	1011 Highview Drive	
CITY-ST-ZIP	Lake Wales, FL 33843	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walb, James	
STREET ADDRESS	1409 Lake Reedy Blvd	
CITY-ST-ZIP	Frostproof FL 33843	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deines, Colene	
STREET ADDRESS	247 Caloosa Ln N	
CITY-ST-ZIP	Lake Wales FL 33853	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bridgeman, David	
STREET ADDRESS	719 Briar Cliff Drive	
CITY-ST-ZIP	Orange City FL 32763	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane L Morgan

Date

Daytime Phone #

1/13/01

863-135-5126

CR2E037 (10/00)

Feed My Sheep Agape Ministries, Inc 59-3668244
Attachment - 704519
DOC# - N0000004863

D
Bridgeman, Marsha
719 Briar Cliff Drive
Orange City, FL 32763