


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90005 012 ****61.25

DOCUMENT # N00000004863	
1. Entity Name FEED MY SHEEP AGAPE MINISTRIES, INC.	

Principal Place of Business 551 CR 630-A FROSTPROOF FL 33843	Mailing Address 551 CR 630-A FROSTPROOF FL 33843
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34000403



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3668244	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, VERNON E 551 CR 630-A FROSTPROOF FL 33843

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, JANE L		NAME	
STREET ADDRESS 551 CR 630-A		STREET ADDRESS	
CITY-ST-ZIP FROSTPROOF FL 33843		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, VERNON E		NAME	
STREET ADDRESS 551 CR 630-A		STREET ADDRESS	
CITY-ST-ZIP FROSTPROOF FL 33843		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, BRIAN K		NAME	
STREET ADDRESS 1011 HIGHVIEW DRIVE		STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL 33843		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALB, JAMES		NAME	
STREET ADDRESS 1409 LAKE RAEDY BLVD		STREET ADDRESS	
CITY-ST-ZIP FROSTPROOF FL 33843		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEINIES, GELENE		NAME	
STREET ADDRESS 247 CALOOSA LAKE CIR N		STREET ADDRESS	
CITY-ST-ZIP LAKE WALES FL 33853		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIDGEMAN, DAVID		NAME	
STREET ADDRESS 719 BRIER CLIFF DR		STREET ADDRESS	
CITY-ST-ZIP ORANGE CITY FL 32763		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: Jane L Morgan VPST Jane L Morgan 1/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
R#N0000004863
9/05/89

Additional Page...Officers and Directors

Feed My Sheep Agape Ministries, Inc.

59-3668244

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Addition

Clay Marshall
2176 Morningside Road
Avon Park, FL 33825
