

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004863

FILED
Jan 20, 2006
Secretary of State

Entity Name: FEED MY SHEEP AGAPE MINISTRIES, INC.

Current Principal Place of Business:

551 CR 630-A
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

551 CR 630-A
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-3668244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPST () Delete
Name: MORGAN, JANE L
Address: 551 CR 630-A
City-St-Zip: FROSTPROOF, FL 33843

Title: P () Delete
Name: MORGAN, VERNON E
Address: 551 CR 630-A
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: MORGAN, BRIAN K
Address: 1011 HIGHVIEW DRIVE
City-St-Zip: LAKE WALES, FL 33843

Title: D () Delete
Name: WALB, JAMES
Address: 1409 LAKE RAEDY BLVD
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: DEINIES, GELENE
Address: 247 CALOOSA LAKE CIR N
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: BRIDGEMAN, DAVID
Address: 719 BRIER CLIFF DR
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARSHALL, CLAY
Address: 2176 MORINGSIDE ROAD
City-St-Zip: AVON PARK, FL 33825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE L MORGAN

VPST

01/20/2006

Electronic Signature of Signing Officer or Director

Date