

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90003 048 ****61.25

DOCUMENT # N00000007114

1. Entity Name
FEED HIS SHEEP MINISTRIES INCORPORATED



Principal Place of Business
**14002 PALM BCH BLVD
FT MYERS, FL 33905**

Mailing Address
**14002 PALM BCH BLVD
FT MYERS, FL 33905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1055353

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

**WISHER, CATHY R
3800 WILLIAMSON ROAD
FT MYERS, FL 33905**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WISHER, CATHY R
STREET ADDRESS 13848 GRENADA WAY
CITY-ST-ZIP FT MYERS, FL 33905

TITLE ☒ Change ☐ Addition
NAME **3790 Williamson Road.**
STREET ADDRESS **Ft. Myers, FL 33905**
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME PIGOTT, VIVIAN
STREET ADDRESS 4681-8 LAKESIDE CLUB BLVD
CITY-ST-ZIP FT MYERS, FL 33905

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME RYMAN, KELLEY A.
STREET ADDRESS 13848 GRENADA WAY
CITY-ST-ZIP FT MYERS, FL 33905

TITLE ☒ Change ☐ Addition
NAME **3790 Williamson Road**
STREET ADDRESS **Ft. Myers, FL 33905**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec/Treas.

Date

Daytime Phone #

4/9/05 239-694-0091