

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N02000004475

1. Entity Name

FEEDING HIS LAMBS MINISTRIES CORP.



FILED
Feb 05, 2007 08:00 AM
Secretary of State

Principal Place of Business

921 SW 10TH DR. #1
POMPANO BCH FL 33060

Mailing Address

921 SW 10TH DR. #1
POMPANO BCH FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3688541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHINEHEART, BOBBY A
921 SW 10TH DR APT 1
POMPANO BCH FL 33060

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE: D ☐ Delete
NAME: RHINEHEART, BOBBY A
STREET ADDRESS: 921 SW 10TH DR APT 1
CITY-STATE-ZIP: POMPANO BCH FL 33060

TITLE: D ☐ Delete
NAME: GLOVER, EDDIE
STREET ADDRESS: 921 SW 10TH DR APT 1
CITY-STATE-ZIP: POMPANO BCH FL 33060

TITLE: D ☐ Delete
NAME: WESTBROOKE, MARY
STREET ADDRESS: 921 SW 10TH DR APT 1
CITY-STATE-ZIP: POMPANO BCH FL 33060

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
U000000624109
02/14/07-80018-010 61.25

☐ Change ☐ Addition
TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Bobby A. Rhineheart

2/1/07 (954) 946-1018