

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004475

**FILED**  
**May 28, 2010**  
**Secretary of State**

**Entity Name:** FEEDING HIS LAMBS MINISTRIES CORP.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 04-3688541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RHINEHEART, BOBBY A  
921 SW 10TH DR APT 1  
POMPANO BCH, FL 33060 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:** D  
**Name:** RHINEHEART, BOBBY A  
**Address:** 921 SW 10TH DR APT 1  
**City-St-Zip:** POMPANO BCH, FL 33060

**Title:** D  
**Name:** GLOVER, EDDIE  
**Address:** 921 SW 10TH DR APT 1  
**City-St-Zip:** POMPANO BCH, FL 33060

**Title:** D  
**Name:** WESTBROOKE, MARY  
**Address:** 921 SW 10TH DR APT 1  
**City-St-Zip:** POMPANO BCH, FL 33060

I hereby 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 all other like empowered.

**SIGNATURE:** BOBBY RHINEHART

D

05/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date