

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004969

FILED
Apr 17, 2008
Secretary of State

Entity Name: FEED THE LAMBS ENRICHMENT PROGRAM, INC.

Current Principal Place of Business:

1615 18TH AVE SW
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

1615 18TH AVE SW
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 14-1908965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, JOHN W
1615 18TH AVE SW
VERO BEACH, FL 32962 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: P () Delete
Name: MAY, JOHN W
Address: 1615 18TH AVE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: VP () Delete
Name: BROWN, ANNIE MAE
Address: 1051 VERMOUNT ST
City-St-Zip: FELLSMERE, FL 32948 US

Title: TRES () Delete
Name: WALTERS, DENNIS C
Address: 4460 62ND COURT
City-St-Zip: VERO BEACH, FL 32967 US

Title: SEC () Delete
Name: HORTON, WAYNE
Address: 4855 38TH CIRCLE #201
City-St-Zip: VERO BEACH, FL 32967 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BASS, ALFONSO
Address: 353 7TH COURT SW
City-St-Zip: VERO BEACH, FL 32967 US

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

Title: SEC (X) Change () Addition
Name: AUTON, MICHELLE L
Address: P.O. BOX 1552
City-St-Zip: VERO BEACH, FL 32961 US

I hereby certify that the information supplied with this filing does not qualify 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: JOHN W. MAY

PRES

04/17/2008

Electronic Signature of Signing Officer or Director

Date