

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004969

**FILED**  
**Mar 08, 2011**  
**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  
**Name:** MAY, JOHN W  
**Address:** 1615 18TH AVE SW  
**City-St-Zip:** VERO BEACH, FL 32962 US

**Title:** VP  
**Name:** ROBERT, TEMPLE  
**Address:** P.O. BOX 5064  
**City-St-Zip:** VERO BEACH, FL 32961 US

**Title:** TRES  
**Name:** SNELL, SHIRLEY A  
**Address:** 5755 59TH DRIVE  
**City-St-Zip:** VERO BEACH, FL 32967 US

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:** JOHN W. MAY

PRES

03/08/2011

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

\_\_\_\_\_  
Date