2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N04000011930

Entity Name: FINDING THE LOST SHEEP MINISTRIES, INC.

Current Principal Place of Business:

408 MAXEY AVE.
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

408 MAXEY AVE.
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 84-1665528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGE, ANTHONY L.
408 MAXEY AVE.
WINTER GARDEN, FL 34787 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: PD ( ) Delete
Name: HODGES, ANTHONY
Address: 408 MAXEY AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: MOEN, SKIP PHD
Address: 15000 THOROUGHBRED LANE
City-St-Zip: MONTVERDE, FL 34756

Title: D ( ) Delete
Name: AKERS, SHAWN
Address: 245 WHITE SAND COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete
Name: CAPPLEMAN, KAY
Address: 519 N. WOODLAND STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KAY CAPPLEMAN S 04/03/2009

Electronic Signature of Signing Officer or Director — Date