

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007504

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** SHEEP SHED MENTORING MINISTRY INC

**Current Principal Place of Business:**

6067 TENNYSON DRIVE  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6067 TENNYSON DRIVE  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 20-0476020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOON, ROSE  
6067 TENNYSON DRIVE  
JACKSONVILLE, FL 32244 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 ( ) Delete  
Name: BOON, ROSE  
Address: 6067 TENNYSON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S ( ) Delete  
Name: LEBO, LENORE B  
Address: 23310 RIVER BIRCH LANE  
City-St-Zip: DOWLING PARK, FL 32060

Title: T ( ) Delete  
Name: BOON, JAMES W  
Address: 1232 ALEXWOOD DRIVE  
City-St-Zip: HOPE MILLS, NC 28348

Title: D ( ) Delete  
Name: MONTGOMERY, LIBBY  
Address: 1252 JOURNEYS END LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: MUSSER, BARBARA  
Address: 1440 CREEKS EDGE COURT  
City-St-Zip: ORANGE PARK, FL 32003

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSE BOON

D

04/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date