

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007504

FILED
Apr 28, 2008
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: 75-3219113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOON, ROSE M REV
6067 TENNYSON DRIVE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

BOON, ROSE M REV. DR
6067 TENNYSON DRIVE
JACKSONVILLE, FL 32244 US

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: REV. DR. ROSE M. BOON

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOON, ROSE M REV
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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOON, ROSE M REV. DR
Address: 6067 TENNYSON DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 DU

Title: S (X) Change () Addition
Name: SWITANEK, LILLIE
Address: 2319 WEDGEWOOD CT
City-St-Zip: ORANGE PARK, FL 32003 CL

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: CHAP () Change (X) Addition
Name: DAY, DONNA
Address: 185 CROSSCOVE CIRCLE
City-St-Zip: PONTE VEDRA, FL 32082

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: REV. DR. ROSE M. BOON

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date