

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007504

FILED  
Apr 21, 2009  
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. DR  
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 M REV. DR  
Address: 6067 TENNYSON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244 DU

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

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

## 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 US

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

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

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

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

Title: CHAP (X) Change ( ) Addition  
Name: DAY, DONNA  
Address: 185 CROSSCOVE CIRCLE  
City-St-Zip: PONTE VEDRA, FL 32082 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: REV. DR. ROSE BOON

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date