

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007504

FILED  
Apr 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1857 WELLS ROAD  
#224 AND #230  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

1857 WELLS ROAD  
#230  
ORANGE PARK, FL 32073

**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  
Name: BOON, ROSE M REV. DR  
Address: 6067 TENNYSON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244 US

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

Title: T  
Name: BOON, JAMES W  
Address: 1600 BELLEDEER AVE  
City-St-Zip: CORDOVA, TN 38016 US

Title: D  
Name: MONTGOMERY, LIBBY  
Address: 36 CHERRY OAK TRAIL  
City-St-Zip: PETAL, MS 39465 US

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

Title: CHAP  
Name: DAY, DONNA  
Address: 185 CROSSCOVE CIRCLE  
City-St-Zip: PONTE VEDRA, FL 32082 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: DR. ROSE M. BOON

DR.

04/16/2012

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

\_\_\_\_\_  
Date