


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90052 031 \*\*\*\*70.00

<b>DOCUMENT # N06000007622</b> 1. Entity Name <b>SHEEPGATE MINISTRIES, INC.</b>					
Principal Place of Business 114 NE TUSCAWILLA AVE OCALA, FL 34470			Mailing Address 114 NE TUSCAWILLA AVE OCALA, FL 34470		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PETERS, GLENN D 2813 NW 4TH AVE OCALA, FL 34475				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Glenn D. Peters</i>				DATE: <i>4/18/07</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERS, GLENN D		NAME	<i>Treasurer</i>	
STREET ADDRESS	2813 NW 4TH AVE		STREET ADDRESS	<i>Peters, Glenn D</i>	
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP	<i>2813 NW 4th Ave</i>	
				<i>Ocala, FL 34475</i>	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERS, CAROLYN S		NAME	<i>President</i>	
STREET ADDRESS	2813 NW 4TH AVE		STREET ADDRESS	<i>Peters, Carolyn S.</i>	
CITY-ST-ZIP	OCALA, FL 34475		CITY-ST-ZIP	<i>2813 NW 4th Ave</i>	
				<i>Ocala, FL 34475</i>	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, ROBIN		NAME		
STREET ADDRESS	506 WHITE STREET		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA, FL 32114		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRD, BARBARA		NAME		
STREET ADDRESS	5135 SE 105TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	BELLVIEW, FL 34420		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carolyn S. Peters</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

40073794



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4. FEI Number *11-3803081* ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required