2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# N06000008909

Entity Name: FEED MY SHEEP MINISTRY OF GOD, INC.

Current Principal Place of Business:

4823 CAINS WREN TRAIL
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2581
SANFORD, FL 32772

New Mailing Address:

FEI Number: 71-1014338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHOFIELD, PRESTON L CEO
4823 CAINS WREN TRAIL
SANFORD, FL 32771 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: C ( ) Delete
Name: IZQUIERDO, SYLVIA D
Address: 680 BROOKFIELD LOOP
City-St-Zip: LAKE MARY, FL 32746

Title: VC ( ) Delete
Name: COOPER, CAROLYN
Address: 1197 GULF STAR DR P
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete
Name: STARLING, JULIA
Address: 14104 STONE BROOK DR
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Delete
Name: FITZGERALD, YVONNE
Address: 8009 BIRMAN ST
City-St-Zip: MAITLAND, FL 32751

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:

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: PRESTON L. SCHOFIELD CEO 05/09/2009
Electronic Signature of Signing Officer or Director — Date