

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008909

FILED
Jan 19, 2011
Secretary of State

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

Current Principal Place of Business:

243 MAGNOLIA PARK TRAIL
SANFORD, FL 32773

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 ()

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
Name: IZQUIERDO, SYLVIA D
Address: 680 BROOKFIELD LOOP
City-St-Zip: LAKE MARY, FL 32746

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

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

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

Title: PRES
Name: SCHOFIELD, PRESTON L
Address: 243 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773 US

Title: VP
Name: SCHOFIELD, KZONIC A
Address: 243 MAGNOLIA PARK TRAIL
City-St-Zip: SANFORD, FL 32773 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: PRESTON L. SCHOFIELD

PRES

01/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date