FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAR 16 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34398 (0)

1. Corporation Name
FEED MY LAMBS, INC.

Principal Place of Business	Mailing Address
C/O LYDIA PAULEY 136 W. VOORHIS AVE. DELAND FL 32720	C/O LYDIA PAULEY 136 W. VOORHIS AVE. DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1989
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-3012193 — Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ■ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ■ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PAULEY, LYDIA
136 W VOORHIS AVE
DELAND FL 32720

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City 65 Zip Code

300001433093
-03/17/95-01111-
*****61.25 *****61.25

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PAULEY, LYDIA
STREET ADDRESS	136 W VOORHIS AVE
CITY-ST-ZIP	DELAND FL
TITLE	DS
NAME	HARDY, JUDY
STREET ADDRESS	[redacted]
CITY-ST-ZIP	DELAND FL
TITLE	D
NAME	MARZULLO, EVELYN
STREET ADDRESS	1510 STEVENS AVE
CITY-ST-ZIP	DELAND FL
TITLE	D
NAME	HARTLING, FATHER DAVID
STREET ADDRESS	P O BOX 741174 N/A
CITY-ST-ZIP	ORANGE CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DA 3-16

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	■ Change ☐ Addition
1.2 NAME	MARZULLO, EVELYN	
1.3 STREET ADDRESS	1510 STEVENS AVE	
1.4 CITY-ST-ZIP	DELAND FL 32720	
2.1 TITLE	D	☐ Change ■ Addition
2.2 NAME	HELVEY, JR. JOHNSON EVERETT	
2.3 STREET ADDRESS	466 W HOLLY DRIVE	
2.4 CITY-ST-ZIP	ORANGE CITY 32763 FLA	
PHONE 736-9300		☐ Change ☐ Addition

D
Everett Johnson Helvey, Jr.
466 w. Holly Drive
Orange City, Fla 32763

addition:

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lydia Pauley LYDIA PAULEY PRES. 904 736 0688
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031117