## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED							
Mar 20 1998 8:00am							
Secretary of State							

FEED	MY LAMBS, INC.						
Principal Plac	ce of Business	Mailing Address			A CONTINUE OF REAL PROPERTY OF SOLUTIONS AND	DIT BIETT BIETT BIETT BIETT 1881	
C/O LYDIA PAULEY 136 W. VOORHIS AVE. 136 W. VOORHIS AVE. DELAND FL 32720 DELAND FL 32720					<ul> <li>3. Date Incorporated or Qualified</li> <li>09/28/1989</li> <li>4. FEI Number</li> <li>59-3012193</li> </ul>	Applied For	
2. Principal Place of Business 2a. Mailing Address 21					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?  Yes  No			
Zip	Country 25	Zip 29	Country	<i>y</i>	This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangible	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
PAULEY, LYDIA 136 W VOORHIS AVE			82	Street Ad	ess (P.O. Box Number is Not Acceptable)		
DELAND FL 32720			B3				
			84	City	FL	85 Zip Code	
11. Pursuant office or agent. I a	to the provisions of Sections 617.05 registered agent, or both, in the Statem familiar with, and accept the oblig	02 and 617.1508, Florida Statute e of Florida. Such change was a gations of, Section 617.0503, Flo	es, the above outhorized borida Statute	e-named co y the corpor s.	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the app	of changing its registered cointment as registered	
GIGHATOTIE	Signature, typed or printed name of registered ac	<u> </u>		ent signature rec	quired when reinstating) DATE		
12.	<del>,</del>	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition	
NAME	HELVEY, JOHNSON E JR		1.2 NAME				
STREET ADDRESS	466 W. HOLLY DR.			T ADDRESS			
CITY-ST-ZIP	ORANGE CITY FL 32763	DELETE	1.4 C(TY-	ST-ZIP		Change Addition	
TITLE			2.1 TITLE		•	LI Change LI Addition	
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE			2. 4 CiTY- 3.1 TiTLE	31-ZIP		Change Addition	
NAME	_		3.2 NAME	İ			
STREET ADDRESS	Ann. 4 A. 11 Maria			T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
7171.5	<b>A</b>	DELETE	4.1 TITLE	21-511		☐ Change ☐ Addition	
NAME	CAPLE TOHNW		4. 2 NAME				
STREET ADDRESS	CAPLE, JOHNW 3525 MARSH RI			T ADDRESS			
CITY-ST-ZIP	DELAND, FL 327	24	4.4 CITY-				
TITLE		DELETE 5.1				☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS	·		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	] .		5.4 CITY-				
TITLE :		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ANDRESS			6.3 STREET	I ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.4 CITY - ST - ZIP

CITY-ST-ZIP

VAID POULEY AREK