

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000515 (5)

1. Corporation Name

FEED MY SHEEP EVANGELICAL PROGRAMS, INC.



Principal Place of Business

Mailing Address

19690 N.W. 32ND AVE.
MIAMI FL 33056

19690 N.W. 32ND AVE.
MIAMI FL 33056

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19690 N.W. 32nd Ave.
Suite, Apt. #, etc.

26 19690 N.W. 32nd Ave.
Suite, Apt. #, etc.

22 City & State

MIAMI, FL 33056

27 City & State

MIAMI, FL 33056

23 Zip

Country

24 33056

25 DADE

28 Zip

33056

Country

29 33056

30 DADE

4. FEI Number

E1165-0586402

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

REESE-FEJOKU, JULIA
19690 N.W. 32ND AVE.
MIAMI FL 33056

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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
NAME
STREET ADDRESS
CITY - ST - ZIP

D
REESE-FEJOKU, JULIA
19690 N.W. 32ND AVE.
MIAMI FL 33056

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FEJOKU, JOY
19690 N.W. 32ND AVE.
MIAMI FL 33056

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ROBERTS, FLOYD
19690 N.W. 32ND AVE.
MIAMI FL 33056

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP



Change



Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP



Change



Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP



Change



Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP



Change



Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP



Change



Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP



Change



Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/96 (305) 620-1530

Date

Daytime Phone #

0006075

CR2E037 (3/96)