FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000001060 (1)

FEED MY SHEEP MINISTRIES OF THE LORD JESUS, INC.

Mailing Address

Principal Place of Business

20 E SETU CT

FILED Mar 03 1997 8:00am Secretary of State



JACKSONVILLE (FL 32208	JACKSONVILLE FL 32208-4704	ļ.		
				3. Date Incorporated or Qualified 03/06/1995	3a. Date of Last Report 02/28/1996
	lace of Business	2a. Mailing Address	W 81	4. FEI Number 59-3304597	Applied For
	E. Style Street		th. Street	30 0004387	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	°	City & State	ا ما	6. Election Campaign Financing	\$5.00 May Be
	Ksonville Fl.	28 Jacksonville		Trust Fund Contribution	Added to Fees
Zip 3220	S 25 Country 1, S.A.	Zip 29 3220 8 30	Country SA	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	elstered Agent
eti icke	LEON T SR.			eon T. Stucks	Sn.
23 E 56T			82 Street Add	ress (P.O. Box Number is Not Acceptab	e)
	NVILLE FL 32208		63	S. V. Olivi	***************************************
			84 City 7		85 Zip Code
			Ja	CKSMVILLE	FL 32208
office or re	enistered agent, or both, in the State o	nf Florida. Such channe was aut	horized by the corporat	poration submits this statement for the patients board of directors. I hereby accep	urpose of changing its registered
agent. 1 a	m familiar with, and accompathe obligat	tions of, Section 617 0503, Florid	da Statutes.	٠	125/97
SIGNATURE	Signature, typed or printed hans of registered agen	Lean 7. Stu	CKS SR . Registered Agent signature requi	(red when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STUCKS, LEON T		1.2 NAME		
STREET ADDRESS	23 E 56TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32208		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STUCKS, JULIA L		2.2 NAME		
STREET ADDRESS	23 E 56TH ST JACKSONVILLE FL 32208		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	HARRIS, CAROLYN		3.2 NAME		
STREET ADDRESS	1054 SCRIVEN ST		3.3 STREET ADDRESS		
CHTY-ST-ZIP	JACKSONVILLE FL 32209		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		T AL. 17
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
NAME		otter	6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP		
44 Lela basal	hu portion that the information supplied	with this filing does not qualify:		d in Contine 110 07/3Vi). Florida Statutor	a I further eastful that the

on nerepy 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.