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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90078 011 \*\*\*\*70.00

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**DOCUMENT # N95000001060**

1. Corporation Name

**FEED MY SHEEP MINISTRIES OF THE LORD JESUS, INC.**

Principal Place of Business

58 14 N MAIN ST  
JACKSONVILLE FL 32208  
US

Mailing Address

23 E 56TH ST  
JACKSONVILLE FL 32208  
US



2. Principal Place of Business

21 **7635 Pickett Street**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **Jacksonville FL**

27 City & State

28

24 Zip

25 **32208**

Country

29 Zip

Country

26 **Duval**

30

Country

3. Date Incorporated or Qualified

**03/06/1995**

4. FEI Number

**59-3304597**

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

9. Name and Address of Current Registered Agent

**STUCKS, SR L**  
**23 E 56TH ST**  
**JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

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 **Leon T. Stucks Sr. - Leon T. Stucks Sr.**

**February 3, 1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**  
STUCKS, LEON T  
STREET ADDRESS **23 E 56TH ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ DELETE

NAME **D**  
STUCKS, JULIA L  
STREET ADDRESS **23 E 56TH ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ DELETE

NAME **D**  
HARRIS, CAROLYN  
STREET ADDRESS **1054 SCRIVEN ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Leon T. Stucks Sr. - Leon T. Stucks Sr.** **2/3/99** **(904) 764-9464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)