

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000001060

1. Entity Name

FEED MY SHEEP MINISTRIES OF THE LORD JESUS, INC.

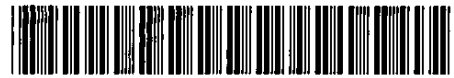


Principal Place of Business

23 E 56TH STREET
JACKSONVILLE FL 32208
US

Mailing Address

23 E 56TH ST
JACKSONVILLE FL 32208
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3304597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Leon T. Stucks Sr.

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

(NOTE: Registered Agent signature required when reinstating)

1/26/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STUCKS, LEON T	
STREET ADDRESS	23 E 56TH ST	
CITY- ST- ZIP	JACKSONVILLE FL 32208	

TITLE	D	<input type="checkbox"/> Delete
NAME	STUCKS, JULIA L	
STREET ADDRESS	23 E 56TH ST	
CITY- ST- ZIP	JACKSONVILLE FL 32208	

TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, ODELL S	
STREET ADDRESS	2026 ROWE AVE	
CITY- ST- ZIP	JACKSONVILLE FL 32208	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000611624
02/02/07-80070-023 61.25

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leon T. Stucks Sr.

Leon T. Stucks Sr.

1/26/07