

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004183

1. Entity Name

SHEPHERDS FOLD MINISTRIES, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 006 ****70.00

Principal Place of Business

3310 KATHLEEN ROAD
LAKELAND FL 33809

Mailing Address

PO BOX 8082
LAKELAND FL 33802-8082

2. Principal Place of Business

3310 Kathleen Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8082

Suite, Apt. #, etc.

City & State

Lakeland, Florida 33810

City & State

Lakeland, Fla. 33802

Zip

33810

Country

Polk

Zip

33802

Country

Polk

4. FEI Number

59-3338368

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

ANDERSON, JOE C
3310 KATHLEEN ROAD
LAKELAND FL 33809

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, JOE C	
STREET ADDRESS	3310 KATHLEEN ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BARRON, ANN	
STREET ADDRESS	9900 E CALUSA CLUB DR	
CITY-ST-ZIP	MIAMI FL 33813	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CAGLE, STANLEY	
STREET ADDRESS	621 CHESTER DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ANDERSON, DAISY	
STREET ADDRESS	3310 KATHLEEN ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMILLIAN, MARSHA	
STREET ADDRESS	610 DE LEON DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBY, JAMES	
STREET ADDRESS	3004 PEARSON ROAD #9	
CITY-ST-ZIP	VALRICO FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(i), 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: JOE C ANDERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 10, 2000

Date 1-941-858-4864

CR2E037 (9/93)