

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90032 040 ****70.00

DOCUMENT # N95000004183

1. Entity Name

SHEPHERDS FOLD MINISTRIES, INC.

Principal Place of Business

**3310 KATHLEEN ROAD
 LAKELAND FL 33809**

Mailing Address

**PO BOX 8082
 LAKELAND FL 33802**

2. Principal Place of Business

3310 KATHLEEN ROAD 33810

3. Mailing Address

3310 KATHLEEN RD. 33810

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKELAND, FLORIDA 33810

City & State
LAKELAND, FLORIDA 33810

4. FEI Number

59-3338368

Applied For

Not Applicable

Zip
33810

Country
POLK

Zip
33810

Country
POLK

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, JOE C
 3310 KATHLEEN ROAD
 LAKELAND FL 33809**

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.

SIGNATURE

[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.

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**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☐ Delete
 NAME **ANDERSON, JOE C**
 STREET ADDRESS **3310 KATHLEEN ROAD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **HOLMAN, NOTISNE** ☐ Change ☒ Addition
 NAME **HOLMAN, NOTISNE**
 STREET ADDRESS **1701 WEST LANE**
 CITY-ST-ZIP **LAKELAND, FLORIDA 33805**

TITLE **BOD** ☐ Delete
 NAME **HOBBY, STAN**
 STREET ADDRESS **P.O. BOX 826**
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BOD** ☐ Delete
 NAME **EVANS, WAYNE B**
 STREET ADDRESS **2650 CHARLIE TAYLOR RD.**
 CITY-ST-ZIP **PLANT CITY FL 33565**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **ANDERSON, DAISY**
 STREET ADDRESS **3310 KATHLEEN ROAD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MCMILLIAN, MARSHA**
 STREET ADDRESS **610 DE LEON DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **BOD** ☐ Delete
 NAME **PANGBURN, KEN**
 STREET ADDRESS **1630 W. DAUGHTERY RD.**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

863-858-476

Daytime Phone #

CR2E037 (9/01)