

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90053 028 ****70.00

DOCUMENT # N95000004183

1. Entity Name

SHEPHERDS FOLD MINISTRIES, INC.



Principal Place of Business

**3310 KATHLEEN ROAD
LAKELAND FL 33811**

Mailing Address

**3310 KATHLEEN ROAD
LAKELAND FL 33811**

14003723



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3338368

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2004**

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04