

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004183

FILED
May 17, 2009
Secretary of State

Entity Name: SHEPHERDS FOLD MINISTRIES, INC.

Current Principal Place of Business:

3522 GROVEVIEW DRIVE
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

3522 GROVEVIEW DRIVE
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 59-3338368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDERSON, DAISY Y
3522 GROVEVIEW DRIVE
LAKELAND, FL 33810 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, DAISY Y
Address: 3522 GROVEVIEW DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: BOD () Delete
Name: ARMSTRONG, JAMES A BOD
Address: 3522 GROVEVIEW DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: BOD () Delete
Name: ARMSTRONG, CHRISTINA M BOD
Address: 3522 GROVEVIEW DRIVE
City-St-Zip: LAKELAND, FL 33810

Title: BOD () Delete
Name: MCMILLIAN, MARSHA
Address: 610 DE LEON DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: BOD () Delete
Name: PANGBURN, KEN
Address: 1630 W. DAUGHTERY RD.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAISY ANDERSON

PD

05/17/2009

Electronic Signature of Signing Officer or Director

Date