

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N95000004183**

1. Entity Name

SHEPHERDS FOLD MINISTRIES, INC.



**FILED
Mar 12, 2003 8:00 am
Secretary of State**

03-12-2003 90080 020 ****70.00

Principal Place of Business

3310 KATHLEEN ROAD
LAKELAND FL 33810

Mailing Address

3310 KATHLEEN ROAD
LAKELAND FL 33810

2. Principal Place of Business

3. Mailing Address

SAME AS Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FLA.

City & State

4. FEI Number **59-3338368**

Applied For

Not Applicable

Zip

33810

Country

PUBLIC

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*1300
ODIS HolMAN
1701 WEST LANE
LAKELAND, FLA. 33805*

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Opalica DeGraffenreid*

3/16/03 863-858-4761

CR2E037 (10/02)