

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

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

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

DOCUMENT # N95000004183

1. Entity Name

SHEPHERDS FOLD MINISTRIES, INC.



Principal Place of Business

**3310 KATHLEEN ROAD
LAKELAND FL 33810**

Mailing Address

**3310 KATHLEEN ROAD
LAKELAND FL 33810**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FLA.

City & State

Zip

33810

Country

FLORIDA

Country

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

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	<input type="checkbox"/> Delete
NAME	ANDERSON, JOE C	
STREET ADDRESS	3310 KATHLEEN ROAD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	HOBBY, STAN	
STREET ADDRESS	P.O. BOX 826	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	BOD	<input type="checkbox"/> Delete
NAME	EVANS, WAYNE B	
STREET ADDRESS	2650 CHARLIE TAYLOR RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
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	BOD	<input type="checkbox"/> 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	BOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODIS HOLMAN	
STREET ADDRESS	1701 WEST LANE	
CITY-ST-ZIP	LAKELAND, FLA. 33805	
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: **ORIGINAL REQUIRED**

3/18/03 863-858-4761

CR2E037 (10/02)