

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002307

FILED
Jan 12, 2008
Secretary of State

Entity Name: LITTLE LAMBS, INC., A JOHN AND EILEEN SALA MINISTRY

Current Principal Place of Business:

710 S. EUCALYPTUS ST
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 32
SEBRING, FL 338710032

New Mailing Address:

FEI Number: 65-0741384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALA, EILEEN
1616 PASADENA AVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: PSD () Delete
Name: SALA, JOHN
Address: 1616 PASADENA AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: KERN, ROBERT
Address: 532 OUTER DR
City-St-Zip: ELLENTON, FL 34222

Title: D () Delete
Name: CORIELL, PAT
Address: 728 DINNER LAKE DR
City-St-Zip: SEBRING, FL 33870

Title: TD () Delete
Name: CORIELL, CHARLIE
Address: 728 DINNER LAKE DR
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: JAN, RYAN
Address: 3651 HWY 27 S #177
City-St-Zip: SEBRING, FL UDS

Title: VD (X) Delete
Name: SALA, EILEEN
Address: 1616 PASADENA AVE
City-St-Zip: SEBRING, FL 33870 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SALA, EILEEN
Address: 1616 PASADENA AVE
City-St-Zip: SEBRING, FL 33870

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: EILEEN SALA

D

01/12/2008

Electronic Signature of Signing Officer or Director

Date