

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90126 002 ****70.00

DOCUMENT # N97000004407

1. Corporation Name

FEED MY LAMBS CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

~~130 STONE ST.~~
COCOA FL 32922

Mailing Address

~~130 STONE ST.~~
COCOA FL 32922



2. Principal Place of Business

21 1426 LAKE DRIVE

Suite, Apt. #, etc.

22

23 COCOA, FL

Zip Country

24 32922 25

2a. Mailing Address

26 1426 LAKE DRIVE

Suite, Apt. #, etc.

27

28 COCOA, FL

Zip Country

29 32922 30

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

59-3390017

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CANNION, FRED B
815 POPLAR LANE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CANNION, FRED B
STREET ADDRESS 815 POPLAR LANE
CITY-ST-ZIP MELBOURNE FL 32901

☐ DELETE

TITLE VPD
NAME CANNION, PRISCILLA
STREET ADDRESS 815 POPLAR LANE
CITY-ST-ZIP MELBOURNE FL 32901

☐ DELETE

TITLE TD
NAME BRYANT, BERNARD
STREET ADDRESS 218 COREY ST.
CITY-ST-ZIP PALM BAY FL 32905

☐ DELETE

TITLE T
NAME BARNETT, ANDREW JR.
STREET ADDRESS 208 VIRGINIA AVE.
CITY-ST-ZIP COCOA FL 32922

☐ DELETE

TITLE AT
NAME SMITH, MIRIAM J
STREET ADDRESS 414 PROSPECT AVE.
CITY-ST-ZIP COCOA FL 32922

☐ DELETE

TITLE D
NAME SHEFIELD, LOIS
STREET ADDRESS 596 "A" LANE
CITY-ST-ZIP COCOA FL 32926

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04/11/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)