

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 APR 23 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004407**

1. Corporation Name

FEED MY LAMBS CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

1426 LAKE DR
COCOA FL 32922

Mailing Address

1426 LAKE DR
COCOA FL 32922

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3390017

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CANNION, FRED B	815 POPLAR LANE 415 PROSPECT AVE	MELBOURNE FL 32901 COCOA, FL 32922
VPD	CANNION, PRISCILLA	815 POPLAR LANE 415 PROSPECT AVE	MELBOURNE FL 32901 COCOA, FL 32922
TD	BRYANT, BERNARD JAMES COOK	210 COREY ST. 208 D. BIRKINS Rd N.W.	PALM BAY FL 32905 32907
TD	BARNETT, ANDREW JR. BERNARD BERNARD	200 VIRGINIA AVE. 218 COREY ST.	COCOA FL 32922 PALM BAY 32905
TD	SMITH, MIRIAM J PHILLIPS, ANTHONY	414 PROSPECT AVE. 983 GARDEN DR.	COCOA FL 32922 Rockledge FL 32955
D	SHEFIELD, LOIS SHANTE M. MOORE	598 A LANE Same	COCOA FL 32926

8. Name and Address of Current Registered Agent

CANNION, FRED B
815 POPLAR LANE
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name FRED B. CANNION
Street Address (P.O. Box Number is Not Acceptable)
415 PROSPECT AVE 4288351-1
Suite, Apt. #, Etc. -05/22/01-01133-008
****245.00 ****245.00
City MELBOURNE State FL Zip Code 32922

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 03/20/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

100004288351-1
-05/22/01-01133-009
*****52.50 *****52.50

10/7/00 321-638-4962 CH
Date Daytime Phone #
321-631-3363 HAY

CR2E040 (800)