

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004407

FILED
Apr 30, 2006
Secretary of State

Entity Name: FEED MY LAMBS CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

PO BOX 561104
ROCKLEDGE, FL 32956

New Principal Place of Business:

Current Mailing Address:

PO BOX 561104
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 59-3390017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FULLER, LATARDRA C
984 CORDON DRIVE
ROCKLEDGE, FL 32955 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: PD () Delete
Name: FULLER, LATARDRA C
Address: 984 CORDON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: FULLER, TERRANCE
Address: 984 CORDON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: VPD () Delete
Name: CANNION, PRISCILLA
Address: 984 CORDON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: PHILLIPS, ANTHONY
Address: 983 CORDON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: BRYANT, BERNARD
Address: 884 CHATSWORTH DR.
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: CANNION, SHARELK
Address: 984 CARDON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: SD (X) Change () Addition
Name: CANNION, SHARELLE
Address: 984 CARDON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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: LATARDRA FULLER

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date