

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007504

Entity Name: SHEEP SHED MENTORING MINISTRY INC**Current Principal Place of Business:**1857 WELLS ROAD
#230
ORANGE PARK, FL 32073**Current Mailing Address:**6067 TENNYSON DRIVE
JACKSONVILLE, FL 32244**FEI Number:** 20-0476020**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOON, ROSE M. REV. DR.
6067 TENNYSON DRIVE
JACKSONVILLE, FL 32244 US*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:** REV. DR. ROSE M. BOON

05/02/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	BOON, ROSE M. REV. DR.
Address	6067 TENNYSON DRIVE
City-State-Zip:	JACKSONVILLE FL 32244

Title	S
Name	SWITANEK, LILLIE
Address	2319 WEDGEWOOD CT
City-State-Zip:	ORANGE PARK FL 32003

Title	T
Name	BOON, JAMES W
Address	1600 BELLEDEER AVE
City-State-Zip:	CORDOVA TN 38016

Title	D
Name	MONTGOMERY, LIBBY
Address	1252 JOURNEY'S END
City-State-Zip:	JACKSONVILLE FL 32223

Title	D
Name	MUSSER, BARBARA
Address	1440 CREEKS EDGE COURT
City-State-Zip:	ORANGE PARK FL 32003

Title	CHAP
Name	DAY, DONNA
Address	185 CROSSCOVE CIRCLE
City-State-Zip:	PONTE VEDRA FL 32082

I hereby 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 all other like empowered.

SIGNATURE: DR. ROSE M. BOON**DIRECTOR**

05/02/2016

Electronic Signature of Signing Officer/Director Detail

Date