


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # N02000001220**  
 1. Entity Name  
**SOWING FOR JESUS INC.**



Principal Place of Business  
**PO BOX 280518  
 TAMPA, FL 33682**

Mailing Address  
**PO BOX 280518  
 TAMPA, FL 33682**

**DO NOT WRITE IN THIS SPACE**



09042005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**04-3604998** Applied For  
 Not Applicable


5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALVAREZ, WILLIAM  
 205 W KNOLLWOOD AVE  
 TAMPA, FL 33604**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reissuing) DATE **9-7-05**

**Filing Fee is \$61.25  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**


**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALVAREZ, WILLIAM<br>205 W KNOLLWOOD<br>TAMPA, FL 33682 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALVAREZ, ANNETTE<br>205 W KNOLLWOOD<br>TAMPA, FL 33682 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ARROYO, RAYMOND<br>7212 BLOSSOM<br>TAMPA, FL 33614     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

100000377986  
 09/08/05-80005-005 61.25

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **9/7/05** DAY/PHONE # **813-866-7360**