# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/9/2(

**FILED**
**May 13, 2004 8:00 am**
**Secretary of State**
04-09-2004 90026 045 ****61.25

66421345

DOCUMENT # N02000003590

1. Entity Name
SOWERS OF THE HARVEST MINISTRIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 608 3RD AVE W<br>PALMETTO, FL 34221 | 608 3RD AVE W<br>PALMETTO, FL 34221 |

02192004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | P O Box 1708<br>Suite, Apt. #, etc. |
| City & State | City & State<br>PALMETTO |
| Zip / Country | Zip 34220 / Country |

4. FEI Number 01-0695292 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DAVIS, TERRY<br>608 3RD AVE. W.<br>PALMETTO, FL 34221 | Name: Jolly, STEPHANIE<br>Street Address (P.O. Box Number is Not Acceptable): 3416 19th ST. CT. E.<br>City: BRADENTON FL Zip Code: 34208 |

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 Stephanie Jolly Stephanie Jolly 5/10/04
Signature, typed or printed. Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DAVIS, TERRY<br>608 3RD AVE W<br>PALMETTO, FL 34221 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DAVIS, TERRY<br>3416 19th ST CT. E.<br>BRADENTON, FL 34208 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>SONIA, DAVIS<br>3416 19TH ST. CT. E.<br>BRADENTON, FL 34208 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>DAVIS, CYNTHIA<br>608 3RD. AVE. W.<br>PALMETTO, FL 34208 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>DAVIS, CYNTHIA<br>3416 19th ST CT. E.<br>BRADENTON FL 34208 | ☒ Change ☒ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Terry Davis Terry Davis 4.5.04 941.773-0623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #