2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000003590

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

Principal Place of Business	Mailing Address
3416 19TH STREET CT EAST BRADENTON, FL 34208	PO BOX 1708 PALMETTO, FL 34220

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01212006 No Chg-NP CR2E037 (11/05)

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

JOLLY, STEPHANIE
3416 19TH ST. CT. E.
BRADENTON, FL 34208

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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 1-25-06
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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, TERRY
STREET ADDRESS	3416 19TH ST. CT. E.
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	VD
NAME	SONIA, DAVIS
STREET ADDRESS	3416 19TH ST. CT. E.
CITY-ST-ZIP	BRADENTON, FL 34208
TITLE	STD
NAME	DAVIS, CYNTHIA
STREET ADDRESS	3416 19TH ST. CT. E.
CITY-ST-ZIP	PALMETTO, FL 34208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80019-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1-23-06 941-773-0623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #