## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2008 8:00 am Secretary of State

DOCUMENT # N0200003590  1. Entity Name SOWERS OF THE HARVEST MINISTRIES, INC.						0008 049 ****70	0.00	
Principal Place 3416 19TH S BRADENTON	STREET CT EAST	Mailing Address PO BOX 1708 PALMETTO, FL 34220						
_	tace of Business - No P.O. Box #	3. Mailing Address P. O. B.o.x Suite, Apt. #, etc.	צסרו		1	CR2E037 (12/06)		
Brade Zip	nton FC Country	City & State	F.L. Country	4. FEI Number 01-069529		No.	plied For t Applicable itional	
3420		34220	<u>U S</u>	5. Certificate of S	,	Fee Required		
	6. Name and Address of Current F	Registered Agent	Name	7. Name and Add	iress of New Reg	Jistered Agent		
JOLLY, STEPHANIE				Gloria S	Oria Sugas (P.O. Box Number is Not Acceptable)			
3416 19TH ST. CT. E. Street Address (P. BRADENTON, FL 34208					NOt Acceptable)			
			40	19 5th S	T. E			
			City C	- \ -		FL Zip Code		
	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both, in	the State of Florid			
_	Gloria Sugas. Signature, typed or printed name of registred agent a	ad title if applicable (NOTE)	Slow	a July 4 re required when plants they	Ź	2-25-08 DATE	: 	
	Signature, types or primer reams or registered agent a	no nue ii applicative: (NOTC.)	rogisiorou Agorii agricii	re required when paragang)		DATE	÷	
-	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		ke check payable to a Department of St		
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12. I nereby 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GREECTOR DAVIS 2-25-08 941-773-062.

District Davis District Davis District Davis District District Davis District District