NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 1

FILED May 19, 2003 8:00 am Secretary of State 05-19-2003 90228 030 ****70.00

DOCUMENT # No200003590*	M.	9
DOCUMENT # NO2000003590° 1. Entity Name Sowers of the Harvest Ministri	is the	

1. Entity Name Sowers of the Harve		sinc inc	03-19-2003 90228 (70.00	
DO NOT WRITE	IN THIS SP	ACE			
2. Principal Place of Business	3. Mailing Address				
608 3rd Ave. W.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SSPACE	
	ļ				
Palmetto FL	City & State		4. FEI Number 01 - 0695292	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
34221 Manatee			7. Name and Address of Current Registers	Fee Required	
	Name — V				
DO NOT W	RITE	Street Address	Address (P.O. Box Number is Not Acceptable)		
IN THIS SP	ACE	<u> 608 3</u>	3rd Ave. W.		
The state of the s	e interes e comerciales en estados en entre en el comerciales en el comerciales en el comerciales en el comerc Mantena en el comerciales en el comerc	City O _ \		Zip Code	
		<u>IQIN</u>	netto F	- 34221	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the state of Florida. Lam	familiar with, and accept	
<u> </u>		de la	12.1		
SIGNATURE Signature, typed or puted name of registered agent a	President	Registered Agent signalare require	d when reinstation) DATE	16:03	
FEE IS \$61.25 initial or Amended UBR	9. Election Camp Trust Fund Co	· · · ·		ck Payable to rtment of State	
TITLE P/O	ECTORS	TITLE			
NAME Terry Davis		NAME			
STREET ADDRESS 6083rd Ave. W.		STREET ADDRESS	± 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3		
TITLE Palmetto, FL	34221	CITY-ST-ZIP		erander kommen en er	
NAME Sonia Davis		NAME			
STREET ADDRESS 3416 19Th ST. C		STREET ADDRESS			
0/=/-	34208	CITY-ST-ZIP			
NAME CYNTHIA Davis	5	NAME			
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI		STREET ADDRESS	DO NOT WR	TE	
TITLE	71908	INLE	од 20-ра од 18-ра и 18- Во 18-ра од 18-ра и 18		
NAME		NAME	IN THIS SPA	UE	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		de Contra este Carlega e e de desta e Recognista de la travalla de	
TITLE		TITLE			
NAME .		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE		TILE			
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	CITY ST-ZIP			

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 on an attachment with an address, with all other like empowered.

5.16.03 941.722.2807