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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07559** (0)
1. Corporation Name
SEED SOWERS EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business 3719 HOPEWELL AVE LAKELAND FL 33809	Mailing Address 3719 HOPEWELL AVE LAKELAND FL 33809
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3. Date Incorporated or Qualified 02/08/1985
4. FEI Number 59-2686521
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 2760 Dixie Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 2760 Dixie Dr. Suite, Apt. #, etc.
22 City & State 23 AUBURNDALE, FL Zip 24 33823	27 City & State 28 POIK Zip 29 33823

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA

9. Name and Address of Current Registered Agent
**BENDER, RICHARD
3719 HOPEWELL AVE
LAKEALAND FL 33809**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME PD BENDER, RICHARD	
STREET ADDRESS 3719 HOPEWELL AVE	
CITY-ST-ZIP LAKELAND FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME BENDER, RONALD	
STREET ADDRESS 23 PARKSIDE AVE	
CITY-ST-ZIP LANCASTER PA	
TITLE VP	<input type="checkbox"/> DELETE
NAME BENDER, RONALD	
STREET ADDRESS 9 WEST BRIDGE CT	
CITY-ST-ZIP WILLOW STREET PA	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WILSON, REV S	
STREET ADDRESS P.O. BOX 8351 N/A	
CITY-ST-ZIP YAKIMA WA	
TITLE D	<input type="checkbox"/> DELETE
NAME NICKELL, BILL	
STREET ADDRESS 1114 HALLAM CT	
CITY-ST-ZIP LAKELAND FL	
TITLE D	<input type="checkbox"/> DELETE
NAME HADLER, LYLE R	
STREET ADDRESS P.O. BOX 90489 N/A	
CITY-ST-ZIP LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME REV. LEN Emory	
1.3 STREET ADDRESS P.O. Box 450039 NA	
1.4 CITY-ST-ZIP SUN RISE, FL 33345	
2.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME BOB SHOTT	
2.3 STREET ADDRESS 2423 DUFT RD.	
2.4 CITY-ST-ZIP LAKELAND, FL 33810	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Farrell Kyser	
3.3 STREET ADDRESS P.O. Box 211 N/A	
3.4 CITY-ST-ZIP COFFEE SPRINGS, AL 36318	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME EARL DANIELS	
4.3 STREET ADDRESS 14520 N. 21st.	
4.4 CITY-ST-ZIP DADE CITY, FL 33523	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Kris Bender	
5.3 STREET ADDRESS 1440 LAKEVIEW	
5.4 CITY-ST-ZIP LAKE WALES, FL 33853	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME JESSIE MCNEAL	
6.3 STREET ADDRESS P.O. Box 923 N/A	
6.4 CITY-ST-ZIP LAKELAND, FL 33802	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Bender 4/29/98 941-676-4045

CR2E037 (10/97)