

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

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90029 033 \*\*\*\*70.00

DOCUMENT # NO7559  
1. Entity Name  
SEED SOWERS EVANGELISTIC ASSOCIATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
FLORIDA  
Suite, Apt. #, etc.  
1745 Olive ST  
City & State  
LAKELAND, FL  
Zip  
33815 Country  
POIK

3. Mailing Address  
1745 Olive ST  
Suite, Apt. #, etc.  
City & State  
LAKELAND, FL  
Zip  
33815 Country  
POIK

**40095492**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2686521 Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent  
Name RICHARD BENDER  
Street Address (P.O. Box Number is Not Acceptable)  
918 Ave S SE  
City WINTER HAVEN FL Zip Code 33880

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25  
Initial or Amended UBR**

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RICHARD BENDER</u> <u>PRESIDENT</u> <u>918 Ave S SE WH. FL 33880</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>KRIS BENDER</u> <u>918 Ave S SE WH. FL 33880</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec.</u> <u>JOE HARELL</u> <u>3107 King John Pl. SE</u> <u>FL 33584</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>BOB SHOT</u> <u>1011 Impatien LKIND</u> <u>33885</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Advisory Officer</u> <u>FRED CONNELL</u> <u>6780 Socrom WOP RD LKIND</u> <u>33884</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Advisory Officer</u> <u>LOWELL GREEN</u> <u>HWY 20 W P.O. Box 220</u> <u>WANTHONE, FL 32640</u>	TITLE NAME STREET ADDRESS 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.

SIGNATURE: RICHARD BENDER RICHARD BENDER 4/27/07 868-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)