2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07559

FILED Apr 24, 2008 Secretary of State

Entity Name: SEED SOWERS EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1745 OLIVE STREET LAKELAND, FL 33815 US **Current Mailing Address: New Mailing Address:** 1745 OLIVE STREET LAKELAND, FL 33815 US FEI Number: 59-2686521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENDER, RICHARD 918 AVE SE WINTER HAVEN, FL 33880 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BENDER, RICHARD, BENDER, RICHARD, JR., Name: Name: 918 AVE S. SE Address: 918 AVE S. SE Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: WINTER HAVEN, FL 33880 Title: () Delete Title: () Change () Addition SHORT, BOB Name: Name: Address: 1011 IMPATIEN Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: () Delete Title: () Change () Addition BENDER, KRIS Name: Name: Address: 918 AVENUE S SE. Address: City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: Title: AO () Delete Title: SEC (X) Change () Addition Name: CONNELL, FRED Name: CONNELL, FRED 6780 SOCRUM LOOP RD 2336 COCHRAN ST. Address: Address: City-St-Zip: LAKELAND, FL 33804 City-St-Zip: LAKELAND, FL 33815 Title: () Delete Title: (X) Change () Addition HARRELL, JOE HADLER, LYLE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

P.O. BOX 90489

LAKELAND, FL 33904

() Change () Addition

SIGNATURE: RICHARD L BENDER, JR. PRES 04/24/2008

3107 KING JOHN PL

SEFFNER, FL 33584

GREEN. LOWELL

HWY 20, PO BOX 2210

HAWTHORNE, FL 32640

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip: