2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000007294

Entity Name: CAROL SMITH BOWE MINISTRIES, INC.

Current Principal Place of Business:

800 BELLE TERRE PARKWAY, 200
PMB#307
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

800 BELLE TERRE PARKWAY, 200
PMB#307
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 65-0881916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOWE, CAROL S
800 BELLE TERRE PARKWAY,200
PMB#307
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BOWE, CAROL S
Address: P.O. BOX 350247
City-St-Zip: PALM COAST, FL 32164

Title: SD ( ) Delete
Name: WRIGHT, DAPHANIE
Address: P.O. BOX 350247
City-St-Zip: PALM COAST, FL 32135

Title: TD ( ) Delete
Name: LEE, MARTHA
Address: 3032 NW 4TH COURT
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOWE, CAROL S
Address: P.O. BOX 350957
City-St-Zip: PALM COAST, FL 32164

Title: SD (X) Change ( ) Addition
Name: WRIGHT, DAPHANIE
Address: P.O. BOX 350957
City-St-Zip: PALM COAST, FL 32135

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CAROL S. BOWE PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date