

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07559

Entity Name: SEED SOWERS EVANGELISTIC ASSOCIATION, INC.**Current Principal Place of Business:**1745 OLIVE STREET
LAKELAND, FL 33815**Current Mailing Address:**1745 OLIVE STREET
LAKELAND, FL 33815 US**FEI Number:** 59-2686521**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BENDER, RICHARD LJR.
1745 OLIVE STREET
LAKELAND, FL 33815 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

Officer/Director Detail :

Title PD
Name BENDER, RICHARD, JR.
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title VP
Name BENDER, KRIS
Address 234 E. BULLARD AVE.
City-State-Zip: LAKE WALES FL 33853

Title D
Name JORDAN, MARK
Address 1755 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title ADVISORY OFFICER
Name DEEESON, TOMMY
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title T
Name CONNELL, FRED
Address 1130 WATERVIEW BLVD. W.
City-State-Zip: LAKELAND FL 33801

Title SEC
Name MITCHELL, LARRY MR.
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title D
Name EVANS, WAYNE
Address 2650 CHARLIE TAYLOR DR
City-State-Zip: PLANT CITY FL 33565

Title ADVISORY OFFICER
Name DUNN, JENNIFER
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: RICHARD BENDER**PRESIDENT****04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ADVISORY OFFICER
Name FRYE, LEW
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title ADVISORY OFFICER
Name SMITH, WENDELL
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title ADVISORY OFFICER
Name MACURA, MILAN REV.
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title ADVISORY OFFICER
Name SHORT, BOB
Address 1745 OLIVE STREET
City-State-Zip: LAKELAND FL 33815

Title ADVISORY OFFICER
Name HALL, LARRY
Address 3218 HWY 17 NORTH
City-State-Zip: GREEN COVE SPRINGS FL 32093