


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000004645</b> 1. Entity Name <b>DON CLOWERS MINISTRIES, INC.</b>	
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Principal Place of Business <b>5746 MARLIN ROAD SUITE 500 CHATTANOOGA, TN 37411</b>	Mailing Address <b>5746 MARLIN ROAD SUITE 500 CHATTANOOGA, TN 37411</b>
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**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>62-0812112</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 32324</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOWERS, DON 5746 MARLIN ROAD, SUITE 500 CHATTANOOGA, TN 37411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLOWERS, SHARON 5746 MARLIN ROAD, SUITE 500 CHATTANOOGA, TN 37411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLOWERS, SHARON 5746 MARLIN ROAD, SUITE 500 CHATTANOOGA, TN 37411
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02/09/06-80012-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Sharon Clowers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/26/06</u> <small>Date</small>
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SHARON CLOWERS V Pres/Sec.  
Daytime Phone #