

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001049

FILED
Apr 25, 2007
Secretary of State

Entity Name: THE SOWING CIRCLE MINISTRIES, INC.

Current Principal Place of Business:

8358 WEST OAKLAND PARK BLVD., STE 303
SUNRISE, FL 33351

New Principal Place of Business:

11810 HIGHLAND PLACE
CORAL SPRINGS, FL 33071

Current Mailing Address:

11810 HIGHLAND PLACE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-1083282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZELL, EMOGENE
11810 HIGHLAND PLACE
CORAL SPRINGS, FL 33071 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: P () Delete
Name: EZELL, JEAN
Address: 11810 HIGHLAND PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: WOODS, RITA
Address: 10260 COUNTY ROAD 9
City-St-Zip: LISMAN, AL 39612

Title: D () Delete
Name: WOODS, LORETTA
Address: 4121 VIOLA AVE
City-St-Zip: BIRMINGHAM, AL 35221

Title: D () Delete
Name: REESE, MILLY
Address: 1597 MALLARD COURT
City-St-Zip: JONESBORO, GA 30238

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: TAYLOR, WILMA
Address: 1612 12TH AVE
City-St-Zip: LAUDERHILL, FL 33317

Title: D () Change (X) Addition
Name: WILLIAMS, BEVERLY
Address: 47TH AVE
City-St-Zip: LAUDERHILL, FL 33317

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: EMOGENE EZELL AKA JEAN EZELL

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date