2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000001049

FILED Jun 18, 2<u>00</u>8 Secretary of State

Entity Name: THE SOWING CIRCLE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

11810 HIGHLAND PLACE CORAL SPRINGS, FL 33071

Current Mailing Address: New Mailing Address:

11810 HIGHLAND PLACE CORAL SPRINGS, FL 33071

FEI Number: 65-1083282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EZELL, JEAN 11810 HIGHLAND PLACE US CORAL SPRINGS, FL 33071

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

AMOS, JOSEPH EZELL, EMOGENE Name: Name: 5693 GREG FOX CIRCLE Address: 11810 HIGHLAND PLACE Address: City-St-Zip: LITHONIA, GA 30038 City-St-Zip: CORAL SPRINGS, FL 33071

Title: (X) Delete Title: () Change () Addition

Name: WOODS, RITA Name: Address: 10260 COUNTY ROAD 9 Address: City-St-Zip: LISMAN, AL 39612 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

WOODS, LORETTA Name: Name: Address: 4121 VIOLA AVE Address: City-St-Zip: BIRMINGHAM, AL 35221 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: REESE, MILLY Name: Address: 1597 MALLARD COURT Address: City-St-Zip: JONESBORO, GA 30238 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

TAYLOR, WILMA Name: Name: Address: 1612 12TH AVE Address: City-St-Zip: LAUDERHILL, FL 33317 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

WILLIAMS, BEVERLY Name: Name: Address: 47TH AVE Address: LAUDERHILL, FL 33317 City-St-Zip: 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: EMOGENE EZELL **PRES** 06/18/2008