


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90118 042 \*\*\*\*61.25  
09-13-2005 90002 039 \*\*\*\*70.00

<b>DOCUMENT # N04000002491</b> 1. Entity Name <b>B.O.W. INTERNATIONAL MINISTRIES, INC.</b>					
Principal Place of Business <b>906 MIMOSA WAY LADY LAKE, FL 32159</b>		Mailing Address <b>906 MIMOSA WAY LADY LAKE, FL 32159</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>27-0127480</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RAIFORD, CHERYL 906 MIMOSA WAY LADY LAKE, FL 32159</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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**50066659**



09062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**27-0127480**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAIFORD, CHERYL  
906 MIMOSA WAY  
LADY LAKE, FL 32159**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Shirley Chisholm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/05  
Date

Daytime Phone #

ATTACHMENT  
50066659  
#N04000002491

*To whom it may concern,*

*My daughter submitted \$ 61.25 in July for the annual report due. However when I downloaded the form yesterday so that I could properly submit the information needed to make the report complete, I saw that on the 7<sup>th</sup> (today) another fee is due.*

*I tried to reach someone by phone, but too much time waiting with cell phone. Therefore I'm submitting another amount of fee due plus amount for certificate. We need explanation about fees due this regular, the amount should have been returned with incomplete form first submitted. Sorry this matter wasn't cleared up before now, my daughter didn't quite understand the procedure.*

*Please send an extra copy of all correspondence to me at 5805 NW 145<sup>th</sup> Ave Rd Morriston Fl 32668 as well as to the Lady Lake address, On behalf of the B.C.W. Ministry.*

*Thank You Kindly,  
Apostle Shirley Chisholm*