

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002491

FILED
May 01, 2006
Secretary of State

Entity Name: B.O.W. INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

906 MIMOSA WAY
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

906 MIMOSA WAY
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 27-0127480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAIFORD, CHERYL
906 MIMOSA WAY
LADY LAKE, FL 32159 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: C () Delete
Name: SHISHOLM, SHIRLEY
Address: 5805 NW 145TH AVE
City-St-Zip: MORRISTON, FL 32668

Title: CT () Delete
Name: RAIFORD, CHERYL
Address: 906 MIMOSA WAY
City-St-Zip: LADY LAKE, FL 32159

Title: MD () Delete
Name: RAIFORD, MARK
Address: 906 MIMOSA WAY
City-St-Zip: LADY LAKE, FL 32159

Title: TC () Delete
Name: SWEETWINE, DARRYL
Address: 5805 NW 145TH AVE RD
City-St-Zip: MORRISTOWN, FL 32668

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHIRLEY CHISHOLM

C/F

05/01/2006

Electronic Signature of Signing Officer or Director

Date