

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005443

FILED
May 08, 2006
Secretary of State

Entity Name: PLANT A SEED MINISTRIES, INC.

Current Principal Place of Business:

814 DAYMAN AVENUE
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

PO BOX 7629
PORT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 84-1651321 **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:

Name and Address of New Registered Agent:

FOWLER, MICHAEL D
1680 SW ST. LUCIE WEST BLVD.
STE. 204
PORT ST. LUCIE, FL 34986 US

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: D () Delete
Name: PIGOZZI, LAURIE
Address: 1519 SOUTHEAST COWNIE STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: PIGOZZI, ALBERT
Address: 1519 SOUTHEAST COWNIE STREET
City-St-Zip: PORT ST LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ALBERT PIGOZZI

PAST

05/08/2006

Electronic Signature of Signing Officer or Director

Date