


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000006642		
1. Entity Name CHRIS COWART MINISTRIES, INC.		

FILED
07 JUN 28 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4509 BOWFIN DRIVE TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 180752 TALLAHASSEE, FL 32318
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4509 Bowfin DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE		City & State TALLAHASSEE, FL	
Zip 32303	Country	Zip 32303	Country U.S.

06282007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COWART, CHRISTOPHER S 4509 BOWFIN DRIVE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COWART, CHRISTOPHER S 4509 BOWFIN DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC COWART, ANDREA N 4509 BOWFIN DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date: 6/28/07 Daytime Phone # _____