

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008487

FILED
Sep 12, 2007
Secretary of State

Entity Name: DETRIZ BOWERS MINISTRIES INC.

Current Principal Place of Business:

503 QUIGLEY ROAD
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

POB 19083
PENSACOLA, FL 32523 US

New Mailing Address:

FEI Number: 03-0430781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

BOWERS, DETRIZ E PASTOR
503 QUIGLEY ROAD
PENSACOLA, FL 32506 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: CEOP () Delete
Name: BOWERS, DETRIZ E MS.
Address: 503 QUIGLEY ROAD
City-St-Zip: PENSACOLA, FL 32506 US

Title: VP () Delete
Name: BOWERS, CARL E III
Address: 503 QUIGLEY ROAD
City-St-Zip: PENSACOLA, FL 32506 US

Title: VP () Delete
Name: SIMMONS, CALEB J
Address: 503 QUIGLEY ROAD
City-St-Zip: PENSACOLA, FL 32506 US

Title: TREA () Delete
Name: WYNDER, BERTRAM L SR.
Address: 600 WEST GREGORY ST
City-St-Zip: PENSACOLA, FL 32501 US

Title: MBR () Delete
Name: WYNDER-ROSS, GRACE A
Address: 2110 NORTH A STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: SECY () Delete
Name: LANDERS, CAROL
Address: RR 3 ROUTE 624
City-St-Zip: EVERGREEN, AL 36401 US

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:

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 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: DETRIZ E. BOWERS

Electronic Signature of Signing Officer or Director

CEOP

09/12/2007

Date