

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007899

FILED
Apr 28, 2009
Secretary of State

Entity Name: ROB AND TRICIA SOWELL MINISTRIES, INC.

Current Principal Place of Business:

1822 SANDHILL LANE
WINTER HAVEN, FL 33884

New Principal Place of Business:

117 MCKAY DR
HAINES CITY, FL 33844

Current Mailing Address:

PO BOX 1878
WINTER HAVEN, FL 33882

New Mailing Address:

PO BOX 2099
CHRISTIANSBURG, VA 24068

FEI Number: 20-5349631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOWELL, ROBERT E SR.
1822 SANDHILL LANE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

SOWELL, ROBERT E SR.
5059 BROADMORE DR
AUBURNDAL, FL 33823 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:

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOWELL, ROBERT E SR.
Address: 1822 SANDHILL LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: SOWELL, PATRICIA E
Address: 1822 SANDHILL LANE
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: JONES, RUSSELL T DR.
Address: 409 FLOYD ST
City-St-Zip: BLACKSBURG, VA 24060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SOWELL, ROBERT E SR.
Address: 1850 ELECTRIC WAY
City-St-Zip: CHRISTIANSBURG, VA 24073

Title: D (X) Change () Addition
Name: SOWELL, PATRICIA E
Address: 1850 ELECTRIC WAY
City-St-Zip: CHRISTIANSBURG, VA 24073

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: ROBERT E SOWELL SR

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date