

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007899

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** ROB AND TRICIA SOWELL MINISTRIES, INC.

**Current Principal Place of Business:**

117 MCKAY DR  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2099  
CHRISTIANSBURG, VA 24068

**New Mailing Address:**

**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.  
5059 BROADMORE DR  
AUBURNDAL, FL 33823 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: D  
Name: SOWELL, ROBERT E SR.  
Address: 1850 ELECTRIC WAY  
City-St-Zip: CHRISTIANSBURG, VA 24073

Title: D  
Name: SOWELL, PATRICIA E  
Address: 1850 ELECTRIC WAY  
City-St-Zip: CHRISTIANSBURG, VA 24073

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E SOWELL SR

MR

03/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date