

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008418

FILED
May 04, 2012
Secretary of State

Entity Name: SOWING HOPE FAMILY RETREAT AND TRAINING INSTITUTE CENTER, INC.

Current Principal Place of Business:

301 SILAS COURT
SPRING HILL, FL 346099383

New Principal Place of Business:

Current Mailing Address:

301 SILAS COURT
SPRING HILL, FL 346099383

New Mailing Address:

FEI Number: 45-4040380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YANT, CHRISTENE
12477 JOCELYN WAY
SPRING HILL, FL 346099070 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: C
Name: YANT, CHRISTENE
Address: 12477 JOCELYN WAY
City-St-Zip: SPRING HILL, FL 346099070

Title: S
Name: BLACK, VIENNESSEE
Address: 7399 CORNFLOWER ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: O
Name: SYKES, MANUEL L PH.D.
Address: 2901 54TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: DIR
Name: CROMARTIE, BOBBIE J PH.D.
Address: 301 SILAS COURT
City-St-Zip: SPRING HILL,, FL 346099383

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: BOBBIE J. CROMARTIE

DIR

05/04/2012

Electronic Signature of Signing Officer or Director

Date