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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29051 (2)

1. Corporation Name

SIGNS OF WORSHIP MINISTRIES, INC.

Principal Place of Business

3341 N.E. 29 AVE.  
LIGHTHOUSE POINT FL 33064

Mailing Address

3341 N.E. 29 AVE.  
LIGHTHOUSE POINT FL 33064-8517



3. Date Incorporated or Qualified  
10/31/1988

3a. Date of Last Report  
09/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0135102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROWEN, DONALD  
3341 N.E. 29 AVENUE  
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-27-97  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ROWEN, DONALD  
STREET ADDRESS 3341 NE 29 AVENUE  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE VD ☐ DELETE  
NAME ROWEN, ROXANNE  
STREET ADDRESS 3341 NE 29 AVENUE  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE D ☒ DELETE  
NAME VICKERS, SHARON  
STREET ADDRESS 4821 ANDROS DR.  
CITY-ST-ZIP WEST PALM BCH. FL 33407

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME DEREK JOHNSON  
1.3 STREET ADDRESS 3341 N.E. 29 AVE.  
1.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL. 33064

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DONALD ROWEN

2-27-97 (954) 782-2719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904 1232

CR2E037 (9/96)