

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N96000004371

1. Entity Name

RON BOWLUS MINISTRIES, INC.



**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90230 041 \*\*\*\*61.50

Principal Place of Business

10509 CARROLLVIEW DR  
TAMPA, FL 33618

Mailing Address

10509 CARROLLVIEW DR  
TAMPA, FL 33618



04182005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3407095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GRAVES, JOSEPH H  
135 EAST LEMON STREET  
TARPON SPRINGS, FL 34689

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOWLUS, RON  
STREET ADDRESS 10509 CARROLLVIEW DR  
CITY-ST-ZIP TAMPA, FL 33618

TITLE VPD  
NAME BOWLUS, GREGORY  
STREET ADDRESS 101 TWIN CEDAR CT.  
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE SD  
NAME BOWLUS, POLLY  
STREET ADDRESS 10509 CARROLLVIEW DR  
CITY-ST-ZIP TAMPA, FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #