

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004371

FILED
Apr 27, 2007
Secretary of State

Entity Name: RON BOWLUS MINISTRIES, INC.

Current Principal Place of Business:

10509 CARROLLVIEW DR
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

10509 CARROLLVIEW DR
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3407095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAVES, JOSEPH H
135 EAST LEMON STREET
TARPON SPRINGS, FL 34689 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: PD () Delete
Name: BOWLUS, RON
Address: 10509 CARROLLVIEW DR
City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete
Name: BOWLUS, GREGORY
Address: 101 TWIN CEDAR CT.
City-St-Zip: PONTE VEDRA, FL 32082

Title: SD () Delete
Name: BOWLUS, POLLY
Address: 10509 CARROLLVIEW DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: POLLY S,BOWLUS

SEC

04/27/2007

Electronic Signature of Signing Officer or Director

Date