

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000000630 (0)

1. Corporation Name

THE SOWERS MINISTRY INC.

Principal Place of Business

Mailing Address

~~8102 NORTH SHELTON #1808~~  
~~TAMPA FL 33615~~

~~POST OFFICE BOX 4196~~  
~~TAMPA FL 33603-2183~~

2. Principal Place of Business

21 P.O. Box 4196

22 Suite, Apt. #, etc.

City & State

23 Tallahassee, FL

Zip

24 32315-4196

Country

25 USA

2a. Mailing Address

26 P.O. Box 4196

27 Suite, Apt. #, etc.

City & State

28 Tallahassee, FL

Zip

29 32315-4196

Country

30 USA

9. Name and Address of Current Registered Agent

~~WOODCOCK, SUSAN~~  
~~8102 NORTH SHELTON #1808~~  
~~TAMPA FL 33615~~

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

94-3149727

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Melinda M. Carroll

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

7585 Old St. Augustine Road

83

84 City

Tallahassee

FL

85 Zip Code

32311

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

*Melinda M. Carroll*

(NOTE: Registered Agent signature required when reinstating)

7/17/98

DATE

12. OFFICERS AND DIRECTORS

TITLE Trustee ☐ DELETE

NAME Ronald D. Carroll  
STREET ADDRESS 7585 Old St. Augustine Road  
CITY-STATE-ZIP Tallahassee, FL 32311

TITLE Trustee ☐ DELETE

NAME Melinda M. Carroll  
STREET ADDRESS 7585 Old St. Augustine Road  
CITY-STATE-ZIP Tallahassee, FL 32311

TITLE Director ☐ DELETE

NAME Guine Anderson  
STREET ADDRESS P.O. Box 4196 NA  
CITY-STATE-ZIP Tallahassee, FL 32315-4196

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Trustee ☐ Change ☒ Addition

1.2 NAME Ronald D. Carroll  
1.3 STREET ADDRESS 7585 Old St. Augustine Road  
1.4 CITY-STATE-ZIP Tallahassee, FL 32311

2.1 TITLE Trustee ☐ Change ☒ Addition

2.2 NAME Melinda M. Carroll  
2.3 STREET ADDRESS 7585 Old St. Augustine Road  
2.4 CITY-STATE-ZIP Tallahassee, FL 32311

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME Guine Anderson NA  
3.3 STREET ADDRESS P.O. Box 4196  
3.4 CITY-STATE-ZIP Tallahassee, FL 32315-4196

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 100002597401  
6.3 STREET ADDRESS -07/24/98--01020--013  
6.4 CITY-STATE-ZIP \*\*\*\$61.25

14. 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 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:

*Melinda M. Carroll*

7/17/98

Date

Daytime Phone #

FILED  
Jul 22 1998 8:00am  
Secretary of State



CR2E037 (5/98)