


FILE NOW: FILING FEE IS \$61.25

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Jan 22, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000000630

1. Corporation Name

THE SOWERS MINISTRY INC.

Principal Place of Business
 P.O. BOX 4196
 TALLAHASSEE FL 32315-4196
 US

Mailing Address
 P.O. BOX 4196
 TALLAHASSEE FL 32315-4196
 US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01/31/1997
4. FEI Number 94-3149727		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CARROLL, MELINDA M
7585 OLD ST. AUGUSTINE ROAD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	

I, Melinda M. Carroll, Director, 1/5/99, 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, with all other like empowered.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	7585 OLD ST. AUGUSTINE ROAD	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	7585 OLD ST. AUGUSTINE ROAD	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	TALLAHASSEE FL 32311	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	ANDERSON, GUINE	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	P.O. BOX 4196 N/A	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	7585 OLD ST. AUGUSTINE ROAD	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	TALLAHASSEE FL 32311	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Melinda M. Carroll, Director, 1/5/99 656-6116

CR2E037 (11/98)