## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700000630

THE SOWERS MINISTRY INC.

Principal Place of Business

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

P.O. BOX 4196

TALLAHASSEE FL 32315-4196

## **FILED** Jan 22, 1999 8:00am **Secretary of State** 01-22-1999 90042 043 \*\*\*\*61.25

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	Principal P	Principal Place of Business 2a. Mailing Address						Date Incorporated	or Qualifed			
21	<del>-</del>							01/31/1997			5-	<u></u>
Ļ,	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					FEI Number 94-3149727			1 7	plied For
22	<u> </u>		27				<del></del>	94-3 149/2/				t Applicable
ļ.,	City & Stat	te	City & State				5. (	Certifcate of Statu	s Desired			Additional
23			28	·							Fee Re	equired
<u> </u>	Zip	Country					6. Election Campaign Financing				May Be	
24		25	······································	30				Trust Fund Contri			Added	to Fees
<u> </u>		9. Name and Address of Current	Registered Agent		041	· · ·	10.	Name and Addre	ss of New R	egistered	Agent	<del></del> , .
					81	Name						
	CARROLL	#MELINDA:M ANDREAD AND AND AND AND AND AND AND AND AND A			82	Street Add	dress (P.	O. Box Number is	Not Acceptat	ble)		<del></del>
	7585 OLD ST. AUGUSTINE ROAD									,		
	TALLAHA!	SSEE FL 32311			83							
					84	014						n . d .
•					84	City				F.L	85   Zip	Code
11	Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the al	pove	-named corp	rporation	submits this state	ment for the p	DUITDOSE OF	changing its	registered
12	office or r	registered agent, or both, in the State of	Florida, Such change was au	thorized	l by t	the corporati	ition's boa	ard of directors []	nereby accept	the appoi	ntment as re	gistered
\ *\.	·, •						. 1 1					
SI	GNATURE/	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	Agent	CALLO.	ired when reli	Directo:	r1/	5/99 DATE		<del></del> -
12		OFFICERS AND		13.		- Congression		DDITIONS/CHAN	GES TO OFF	ICERS AN	D DIRECTO	RS IN 12
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		P.O. BOX 4196 N/A 🖎		3.3 ST	REET	ADDRESS						
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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 exacute 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 extraction with an address, with all other like empowered.

Director 1/5/99 656-6116