

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000000630**

1. Entity Name

**THE SOWERS MINISTRY INC.****FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90069 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 4196  
TALLAHASSEE FL 32315-4196  
USP.O. BOX 4196  
TALLAHASSEE FL 32315-4196  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**94-3149727**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEF IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CARROLL, RONALD D  
7585 OLD ST. AUGUSTINE ROAD  
TALLAHASSEE FL 32311TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CARROLL, MELINDA M  
7585 OLD ST. AUGUSTINE ROAD  
TALLAHASSEE FL 32311TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANDERSON, GUINE  
P.O. BOX 4196 N/A  
TALLAHASSEE FL 32315-4196TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

RONALD D. CARROLL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/6/2000 (850)656-6116  
Date Daytime Phone #