

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90268 047 ****70.00

DOCUMENT # N97000000630

1. Entity Name

THE SOWERS MINISTRY INC.



Principal Place of Business

C/O ROGER ABEL
3912 S. OCEAN BLVD.#614
HIGHLAND BEACH FL 33487-3335
US

Mailing Address

C/O SANDY ANDERSON
1920 S. BATSON AVE.#176
ROWLAND HEIGHTS CA 91748

2. Principal Place of Business

3. Mailing Address

P.O. Box 8400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ROWLAND HEIGHTS, CA

Zip

Country

Zip

Country

91748

USA

4. FEI Number

94-3149727

Applied For

Not Applicable

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

ABEL, ROGER
3912 S. OCEAN BLVD., #614
HIGHLAND BEACH FL 33487-3335

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, NEIL	
STREET ADDRESS	5602 RANDON RD.	
CITY-ST-ZIP	HOUSTON TX 77091	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	ANDERSON, SANDY	
STREET ADDRESS	1920 S. BATSON AVE.#176	
CITY-ST-ZIP	ROWLAND HEIGHTS CA 91748	
TITLE	FOD	<input type="checkbox"/> Delete
NAME	CHESBROUGH, TERRY	
STREET ADDRESS	7240 BAYBERRY LANE	
CITY-ST-ZIP	DALLAS TX 75249	
TITLE	M	<input type="checkbox"/> Delete
NAME	ANDERSON, MARK	
STREET ADDRESS	PO BOX 66	
CITY-ST-ZIP	CODY NY 82414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Sandy Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/04 626-780-3917
Date Daytime Phone #