2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
03-24-2006 90038 038 ****70.00

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1. Entity Name
THE SOWERS MINISTRY INC.

Principal Place of Business	Mailing Address
C/O ROGER ABEL 3912 S. OCEAN BLVD.#614 HIGHLAND BEACH, FL 33487-3335 US	PO BOX 5148 KINGWOOD, TX 77325

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03122006 Chg-NP CR2E037 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☐ Delete ANDERSON, NEIL ~~5802 RANDON RD.~~ P.O.Box 5148 ~~HOUSTON, TX 77091~~ KINGWOOD, TX 77325	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete THAPA, RAJENDRA 1520 HOLVEX DR CEDAR HILL, TX 75104	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SECRETARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FOD ☐ Delete CHESBROUGH, TERRY ~~7240 BAYBERRY LANE~~ P.O. Box 731 ~~DALLAS, TX 75249~~ Grapevine, TX 76099	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition VICE PRESIDENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ☐ Delete ANDERSON, MARK PO BOX 66 CODY, NY 82414	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MEMBER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Delete ~~NATHANIEL, LAWRENCE~~ ~~6 REILEY AVE~~ ~~BLACKSTONE, MA 01504~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. Roger Abel ☐ Delete (NEW) 3912 S. OCEAN BLVD #614 HIGHLAND BEACH, FL 33487	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MEMBER

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: NEIL ANDERSON 3-12-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #