


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 10, 2007 08:00  
Secretary of Sta**

<b>DOCUMENT # N97000000630</b> 1. Entity Name <b>THE SOWERS MINISTRY INC.</b>		
Principal Place of Business <b>C/O ROGER ABEL 3912 S. OCEAN BLVD.#614 HIGHLAND BEACH, FL 33487-3335 US</b>		Mailing Address <b>PO BOX 5148 KINGWOOD, TX 77325</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ABEL, ROGER 3912 S. OCEAN BLVD., #614 HIGHLAND BEACH, FL 33487-3335</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Roger Abel</i></u> <b>7-4-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANDERSON, NEIL P.O. BOX 5148 KINGWOOD, TX 77325	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S THAPA, RAJENDRA 1520 HOLVEX DR CEDAR HILL, TX 75104	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHESBROUGH, TERRY P.O. BOX 731 GRAPEVINE, TX 76099	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ANDERSON, MARK PO BOX 66 CODY, NY 82414	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR ABEL, ROGER DR 3912 S. OCEAN BLVD #614 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u><i>Neil Anderson</i></u> <b>6-25-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



05112007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**94-3149727**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

1100000767778  
07/16/07-80019-007 70.00

**DO NOT WRITE  
IN THIS SPACE**