2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# N97000000630

Entity Name: THE SOWERS MINISTRY INC.

Current Principal Place of Business:

C/O ROGER ABEL
3912 S. OCEAN BLVD.#614
HIGHLAND BEACH, FL 334873335 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5148
KINGWOOD, TX 77325

New Mailing Address:

THE SOWERS MINISTRY INC
PO BOX 5148
KINGWOOD, TX 77325

FEI Number: 94-3149727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABEL, ROGER
3912 S. OCEAN BLVD., #614
HIGHLAND BEACH, FL 334873335 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ANDERSON, NEIL	
Address:	P.O. BOX 5148	
City-St-Zip:	KINGWOOD, TX 77325	
Title:	S	( ) Delete
Name:	THAPA, RAJENDRA	
Address:	1520 HOLVEX DR	
City-St-Zip:	CEDAR HILL, TX 75104	
Title:	V	( ) Delete
Name:	CHESBROUGH, TERRY	
Address:	P.O. BOX 731	
City-St-Zip:	GRAPEVINE, TX 76099	
Title:	M	( ) Delete
Name:	ANDERSON, MARK	
Address:	PO BOX 66	
City-St-Zip:	CODY, NY 82414	
Title:	MBR	( ) Delete
Name:	ABEL, ROGER DR	
Address:	3912 S. OCEAN BLVD #614	
City-St-Zip:	BOCA RATON, FL 33487	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MBR	(X) Change ( ) Addition
Name:	ABEL, ROGER DR	
Address:	3912 S. OCEAN BLVD #614	
City-St-Zip:	HIGHLAND BEACH, FL 33487	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL ANDERSON PD 04/17/2008

Electronic Signature of Signing Officer or Director — Date