

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000630

FILED
Mar 24, 2009
Secretary of State

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:

THE SOWERS MINISTRY INC
PO BOX 5148
KINGWOOD, TX 77325

New Mailing Address:

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

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: HIGHLAND BEACH, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date