2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000630

1. Entity Name

THE SOWERS MINISTRY INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 29 PM 1:00

3/26/03 01001 011 $8.75

4/30/03 40451 004 #61.25

Principal Place of Business	Mailing Address
P.O. BOX 4196 TALLAHASSEE FL 32315-4196 US	P.O. BOX 4196 TALLAHASSEE FL 32315-4196 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
DR. Roger Abel	MR. Sandy Anderson
Suite, Apt. #, etc.: 3912 S. Ocean Blvd. # 614	Suite, Apt.: 1920 S. Batson Ave #176
City & State: Highland Bch FL	City & State: Rowland Heights, CA
Zip: 33487-3335 Country	Zip: 91748 Country

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
CARROLL, MELINDA M 7585 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL 32311	Name: Dr. Roger Abel Street Address (P.O. Box Number is Not Acceptable): 3912 S. Ocean Blvd, # 614 City: Highland Beach FL Zip Code: 33487-3335

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 accep the obligations of registered agent.

SIGNATURE: X L. Roger Abel DDS — L. ROGER ABEL DDS — 4/18/03

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

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	T CARROLL, RONALD D 7585 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/DIRECTOR NEIL ANDERSON 5602 RANDON RD. HOUSTON, TX 77091	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARROLL, MELINDA M 7585 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL 32311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT/SECRETARY/DIRECTOR SANDY ANDERSON 1920 S. BATSON AVE. #176 ROWLAND HEIGHTS, CA 91748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, GUINE P.O. BOX 4196 N/A TALLAHASSEE FL 32315-4196	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FINANCIAL OFFICER/DIRECTOR TERRY CHESBROUGH 7240 BAYBERRY LANE DALLAS, TX 75249	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER. MARK ANDERSON PO BOX 66 CODY, WY 82414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/18/03 626-581-8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR