



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90101 001 ***183.75

DOCUMENT # N98000003334 1. Entity Name HERBERT L. BOWENS MINISTRIES, INC.					
Principal Place of Business 2600 HAMMONDVILLE RD STE 1&2 POMPANO BEACH, FL 33069			Mailing Address PO BOX 1043 POMPANO BEACH, FL 33061		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; margin-bottom: 10px;">66401511</div>  <div style="margin-top: 10px;"> 02022004 Chg-NP CR2E037 (10/03) </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0840784				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWENS, HERBERT L 361 NW 19 COURT POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BOWENS, HERBERT L 361 NW 19 COURT POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BOWENS, JOYCE A 361 NW 19 COURT POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BURTON, BELINDA 709 NW 1ST WAY DEERFIELD BCH, FL 33341	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JOHN D. DINKINS 2352 CODY STREET HOLLYWOOD, FLA. 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Herbert L. Bowens</u> / HERBERT L. BOWENS <u>FEB. 4, 2004</u> <u>954-661-8517</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					