2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003334



FILED Apr 05, 2006 8:00 am Secretary of State

1. Entity Name HERBERT L. BOWENS MINISTRIES, INC.								04-05-200	6 90160	044 ****6	1.25		
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 3. Ma			Mailing Address			1460			W 1111 11111		137 M ATAT		
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			022020	06	Chg-NP	CR2E0	37 (11/05)		
City & State			Cit	City & State			4. FEI Nu 65-0	4. FEI Number Applie 65-0840784 Not A					
Zip	Country		Zip	Zip Cou		intry	5. Certificate of Status Desired				Delinbel ee t		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
						Name							
BOWENS, HERBERT L 361 NW 19 COURT POMPANO BEACH, FL 33060						Street Address (P.O. Box Number is Not Acceptable)							
											1= 0.		
					City				FI				
		ty submits this statemen stered agent.	nt for the purp	ose of changing its	register	ed office or reg	gistered agent, o	or both,	, in the State of	Florida. I an	n familiar with,	and accept	
SIGNATURE .	Stoneture, typex	d or present name of registered a	gent and tree fap	olicabie. (NOTE	: Regultant	nd Agent eignature re	equired when reinstatin	(g)	. ,	CATE			
l .													
	Filing Fe	ee is \$61.25 May 1, 2006		9. Election Cart Trust Fund C				Fees	F	orida Depa	ck payable to extment of Si	ate	
10.	Filing Fe	ee is \$61.25		9. Election Care Trust Fund C		tion.	Added to F	Fees	FI NGES TO OFFI	orida Depa	ertment of SI	10	
10.	Filing Fe	ee is \$61.25 May 1, 2006		9. Election Care Trust Fund C	Contribut	tion.	Added to F	Fees	F	orida Depa	ertment of SI	ate	
	Filing Fe Due by I	ee is \$61.25 May 1, 2006		9. Election Care Trust Fund C	ontribut	E E	Added to F	Fees	F	orida Depa	DIRECTORS IN	10	
TITLE	Filing Fe Due by I PD BOWENS	ne is \$61.25 May 1, 2006 OFFICERS AND		9. Election Care Trust Fund C	11.	E E	Added to F	Fees	F	orida Depa	DIRECTORS IN	10	
TITLE NAME	PD BOWENS 361 NW 1	DE IS \$61.25 May 1, 2006 OFFICERS AND S, HERBERT L	DIRECTORS	9. Election Care Trust Fund C	11.	E.	Added to F	Fees	F	orida Depa	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZP	PD BOWENS 361 NW 1	OFFICERS AND S, HERBERT L 19 COURT	DIRECTORS	9. Election Care Trust Fund C	11.	E.E. ME.E.EET ADDRESS (1-ST-ZIP)	Added to F	Fees	F	orida Depa	DIRECTORS IN	10	
IITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWENS 361 NW 1 POMPAN SD	OFFICERS AND OFFICERS AND S, HERBERT L 19 COURT NO BEACH, FL 3306	DIRECTORS	9. Election Care Trust Fund C	11. TITE NAA STR	E ME EET ADDRESS (1-ST-ZIP E	Added to F	Fees	F	orida Depa	DIRECTORS IN Change	110 Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BOWENS 361 NW POMPAN SD BOWENS	OFFICERS AND S, HERBERT L 19 COURT NO BEACH, FL 3306	DIRECTORS	9. Election Care Trust Fund C	11. TITE NAME STREET COTT	E ME EET ADDRESS (1-ST-ZIP E	Added to F	Fees	F	orida Depa	DIRECTORS IN Change	110 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BOWENS 361 NW POMPAN SD BOWENS 361 NW SD BOWENS 361 NW SD	OFFICERS AND OFFICERS AND S, HERBERT L 19 COURT NO BEACH, FL 3306 S, JOYCE A 19 COURT	D DIRECTORS	9. Election Care Trust Fund C	11. TIT. NAM STR. CIT. HAA STR. STR. STR. STR. STR. STR. STR. STR.	LE. LE. ME EET ADDRESS 1-ST-ZIP LE. ME	Added to F	Fees	F	orida Depa	DIRECTORS IN Change	110 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWENS 361 NW 1 POMPAN SD BOWENS 361 NW 2 POMPAN	OFFICERS AND S, HERBERT L 19 COURT NO BEACH, FL 3306	D DIRECTORS	9. Election Care Trust Fund C	TIT. NAM STR CITY NAM STR CITY CITY CITY	E RE RET ADDRESS F-ST-ZIP LE RET ADDRESS F-ST-ZIP	Added to F	Fees	F	orida Depa	DIRECTORS IN Change	110 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD BOWENS 361 NW 1 POMPAN SD BOWENS 361 NW 1 POMPAN TD	OFFICERS AND OFFICERS AND OFFICERS AND S, HERBERT L 19 COURT NO BEACH, FL 3306 S, JOYCE A 19 COURT NO BEACH, FL 3306	D DIRECTORS	9. Election Care Trust Fund C	11. TITE NAM STR CITY NAM STR CITY NAM STR CITY NAM STR CITY	E RET ADDRESS /-ST-ZIP LE RET ADDRESS /-ST-ZIP LE RET ADDRESS /-ST-ZIP LE RET ADDRESS /-ST-ZIP LE	Added to F	Fees	F	orida Depa	ertment of SI DIRECTORS IN Change Change	110 Addition	
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12. I hereby certify that the information supplied with this filling 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 instee 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

Costor

PASTOR ICER OR DIRECTOR

HABBET DOWERS

2006