


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000007219	
1. Entity Name SOWETH OF SEED OUTREACH MINISTRY, INC.	

Principal Place of Business 430 S. PARRAMORE AVE. ORLANDO FL 32805	Mailing Address 430 S. PARRAMORE AVE. ORLANDO FL 32805
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3566135	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARRINGTON, ELBERT D 4825 SKEENA STREET ORLANDO FL 32819
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

SIGNATURE _____ (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 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, JOHN H		NAME	
STREET ADDRESS 7214 PINION DR		STREET ADDRESS	
CITY- ST- ZIP ORLANDO FL 32818		CITY- ST- ZIP	
TITLE CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAGENS, MOSE L		NAME	
STREET ADDRESS 3435 S ORANGE AVENUE		STREET ADDRESS	
CITY- ST- ZIP ORLANDO FL 32806		CITY- ST- ZIP	
TITLE CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMPS, TROYE A		NAME	
STREET ADDRESS 314 WILMER AVENUE		STREET ADDRESS	
CITY- ST- ZIP ORLANDO FL 32805		CITY- ST- ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALLACE, LUVENIA		NAME	
STREET ADDRESS 1635 SAARON AVE		STREET ADDRESS	
CITY- ST- ZIP ORLANDO FL 32811		CITY- ST- ZIP	
TITLE DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRINGTON, ELBERT D		NAME	
STREET ADDRESS 4825 SKEENA ST		STREET ADDRESS	
CITY- ST- ZIP ORLANDO FL 32819		CITY- ST- ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANGIN, JULIUS		NAME	
STREET ADDRESS 416 S PARRAMORE AVE		STREET ADDRESS	
CITY- ST- ZIP ORLANDO FL 32805		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Elbert D. Harrington* **1-31-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #