
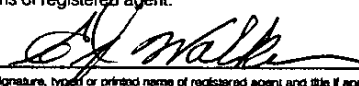



2007 **NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000007219 1. Entity Name SOWETH OF SEED OUTREACH MINISTRY, INC.						FILED 07 JAN 22 AM 8:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 108-N. PARAMORE AVE ORLANDO, FL 32805				Mailing Address 108-N. PARAMORE AVE ORLANDO, FL 32805			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HARRINGTON, ELBERT D 4825 SKEENA STREET ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Eddie J. Walker Street Address (P.O. Box Number is Not Acceptable) 419-C Chapman Ct. City Orlando FL 32805			
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 				DATE 01-12-07			
Amended AR is \$61.25				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 D <input checked="" type="checkbox"/> Delete NAME WALKER, EDDIE J STREET ADDRESS 226 BENSON AVE #5 CITY-ST-ZIP ORLANDO, FL 32805				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Eddie J. Walker STREET ADDRESS 419-C Chapman Ct CITY-ST-ZIP Orlando, FL 32805			
TITLE CEO <input checked="" type="checkbox"/> Delete NAME FAITON, FREDDIE L STREET ADDRESS 1632 SILVERSTAR RD CITY-ST-ZIP ORLANDO, FL 32808				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Freddie L. Patton STREET ADDRESS 1632 Silverstar Rd, CITY-ST-ZIP ORLANDO, FL 32808			
TITLE CD <input type="checkbox"/> Delete NAME KEITT, JAMES STREET ADDRESS 8850 W. D. JUDAE DR CITY-ST-ZIP ORLANDO, FL 32808				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE TD <input type="checkbox"/> Delete NAME WALLACE, LUVENIA STREET ADDRESS 1635 SAARON AVE CITY-ST-ZIP ORLANDO, FL 32811				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SP PD <input type="checkbox"/> Delete NAME THOMPSON, SUSAN D STREET ADDRESS 723 BENTLEY ST CITY-ST-ZIP ORLANDO, FL 32805				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE SD <input type="checkbox"/> Delete NAME SWANGIN, JULIUS STREET ADDRESS 416 S PARAMORE AVE CITY-ST-ZIP ORLANDO, FL 32805				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing 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 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: 				DATE 01-12-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			