3007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Precipion Precipion Programme Progra	DOCUMENT # N9800007219 1. Entity Name SOWETH OF SEED OUTREACH MINISTRY, INC.							FILED 07 JAN 22 AM 8: 05				
Sulfe. Apt. F. etc. Sulfe. Apt. F. etc.	108-N. PARAMORE AVE 108-N. PARAMORE AVE								CORETAR LAHASS	Y OF ST	ATE RIDA	17721 Bi 1281
City & State Ci	2. Principal P	lace of Business	3. Maili	3. Mailing Address								
Signature 1. Name and Address of Current Registered Agent 1. Name and Address of Status Desired IX \$8.75 Auditional for Required Registered Agent 1. Name and Address of Status Desired IX \$8.75 Auditional for Required Registered Agent 1. Name and Address of Name Registered Agent 1. Name and Ag	Suite, Apt. #, etc.			Suite, Apt. #, etc.				7092006	Chg-NP	CR2	E037 (4/06)	
E. Name and Address of Current Registered Agent T. Name and Address of Current Registered Agent T. Name and Address of Status Desired For Register For Register For Register T. Name and Address of Name Registered Agent Address SKEERT ORLANDO, F. 32819 Single-Addges (F. Department) Single-Addges (F. Department) T. Name and Address of Name Registered Agent T. Name and Address of Name Registered Agent T. Name and Address of Name Registered Agent Address SKEERT ORLANDO, F. 32819 Single-Addges (F. Department) T. Name and Address of Name Registered Agent T. Name and Address of Name Registered Name T. Nam	City & Stat	9	City	City & State							 	·
HARRINGTON, ELBERT D 4825 SKEENA STREET ORLANDO, FL 32819 8. The above named entity subsity this statement for the purpose of changing its registered office or registreed agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registreed right. SIGNATURE Amended AR is \$61.25 9. Election Campaign Franching Trust Fund Controllation. OFFICERS AND DIRECTORS 11. ADDITIONS (STANGES TO DIRECTORS IN 10) WALKER, EDDIE J WALKER,	Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional					fitional
HARRINGTON, ELBERT D 425 SKEEMAS STREET ORLANDO, FL 32819 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. Lam familiar with, and accept the chigalization of registered right. SIGNATURE Amended AR is \$61.25 9. Election Campaign Financing That Fund Contribution. Amended AR is \$61.25 9. Election Campaign Financing That Fund Contribution. Amended AR is \$61.25 9. Election Campaign Financing That Fund Contribution. Make Auditor Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN 10 THE MALE CAMPAIGN FINANCING STATE OFFICERS AND DIRECTORS		6. Name and Address of Curr	ent Registere	d Agent		· · · · · · · · · · · · · · · · · · ·						
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the purposes of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the purposes of Florida State of Florida. I am familiar with, and accept the familiar with, and accept the familiar with, and accept the familiar with and accept the familiar with and accept agent for familiar with and accept agent familiar with an an officer or decore of the proposes of the security with at the information of the proposes of the security had the information supplied with this filing d	4825 SKEENA STREET					Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Compare to price of present among of registering agent word that applicable. POTE Registered Agent supresses required by management agent and that applicable. POTE Registered Agent supresses required by management agent and that applicable. POTE Registered Agent supresses required by management agent and that applicable in process and one of process and one of state	The above named entity submits this statement for the purpose of changing its registered office or registere								h, in the State o	f Florida. 1 a	L 323 m familiar with,	and accept
Trust Fund Contribution. Added to Fees Florida Department of State 19. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME NAME 226 BENSON AVE #5 OTHER TADRES 226 BENSON AVE #5 OTHER TADRES CITY-ST-JP ORLANDO, FL 32808 TITLE NAME STREET ADDRESS 2010 ORLANDO, FL 32808 TITLE NAME STREET ADDRESS 8850 W. D. JUDAE DR ORLANDO, FL 32808 TITLE NAME STREET ADDRESS 8850 W. D. JUDAE DR ORLANDO, FL 32808 TITLE NAME STREET ADDRESS 8850 W. D. JUDAE DR ORLANDO, FL 32808 TITLE NAME STREET ADDRESS 8850 W. D. JUDAE DR ORLANDO, FL 32808 TITLE NAME STREET ADDRESS OTH-ST-JP ORLANDO, FL 32808 TITLE STREET ADDRESS ORLANDO, FL 32808 TITLE NAME STREET ADDRESS ORLANDO, FL 32805 TITLE NAME	the obligations of registerer agent. SIGNATURE											
TITLE NAME WALKER, EDDIE J 226 BENSON AVE \$5 CITY-ST-2P ORLANDO, FL 32805 CITY-ST-2P ORLANDO, FL 32805 CITY-ST-2P ORLANDO, FL 32808 CITY-ST-2P ORLANDO, FL 32805	Amended AR is \$61.25											
WALKER, EDDIE J SIRETADRESS SIRETADRESS ORLANDO, FL 32805 TITLE ORLANDO, FL 32808 TITLE CD ORLANDO, FL 32808 TITLE CITY-ST-2P ORLANDO, FL 32808 TITLE TD WALLACE, LUVENIA SIRETADRESS SIRETADRESS ORLANDO, FL 32808 TITLE TD WALLACE, LUVENIA SIRETADRESS SIRETADRESS ORLANDO, FL 32808 TITLE TD WALLACE, LUVENIA SIRETADRESS SIRETADRESS ORLANDO, FL 32808 TITLE TD WALLACE, LUVENIA SIRETADRESS SIRETADRESS ORLANDO, FL 32808 TITLE TD WALLACE, LUVENIA SIRETADRESS SIRETADRESS ORLANDO, FL 32808 TITLE TD WALLACE, LUVENIA SIRETADRESS SIRETADRESS SIRETADRESS ORLANDO, FL 32805 TITLE SD ORLANDO, FL 32805 TITLE SWANGIN, JULIUS SIRETADRESS SWANGIN, JULIUS SW			DIRECTORS		11.		ADDI	TIONS/CH/	ANGES TO OFF	ICERS AND		10
STREET ADDRESS ORTST-ZP ORLANDO, FL 32805 ORLANDO, FL 32806 TITLE ORLANDO, FL 32808 ORLANDO, FL 32805 ORLANDO, FL 328				Delete		1 4	Edd.	io T	ו (פלגו	KOP	Change Change	Addition
TITLE FAITON, FREDDIE L STRET ADDRESS TOP: ST. ZIP ORLANDO, FL 32808 TITLE CD CITY-ST-ZIP ORLANDO, FL 32808 TITLE COTY-ST-ZIP ORLANDO, FL 32808 TITLE TD CITY-ST-ZIP ORLANDO, FL 32808 TITLE TO CITY-ST-ZIP ORLANDO, FL 32808 TITLE TO CITY-ST-ZIP ORLANDO, FL 32811 TITLE SD CITY-ST-ZIP ORLANDO, FL 32811 TITLE SD CITY-ST-ZIP ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD CITY-ST-ZIP ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328	STREET ADDRESS	226 BENSON AVE #5			STREE	T ADDRESS \	4195	ChA	PMAN	0E 1815	Presiden	مزار
FAITON, FREDDIE L STREET ADDRESS 1632 S. LYER STAR RD CITY-ST-ZIP CRANDO, FL 32808 CITY-ST-ZIP CITY-ST-ZIP CRANDO, FL 32811 CITY-ST-ZIP CITY-ST-ZIP CRANDO, FL 32811 CITY-ST-ZIP CITY-ST-ZIP CRANDO, FL 32805 CITY-ST-ZIP CRANDO, FL 3	TITLE	1980 -		Delete	TITLE	É	0011	0 1	V 27		(X) Change	Addition
CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP ORLANDO, FL 32811 CITY-ST-ZIP ORLANDO, FL 32805		· · · · · · · · · · · · · · · · · · ·						· • · · · ·	, ,	od.		
NAME STREET ADDRESS RESO W. D. JUDAE DR STREET ADDRESS CITY-ST-ZP ORLANDO, FL 32808 TITLE TD ORLANDO, FL 32811 TITLE TS AARON AVE ORLANDO, FL 32811 TITLE ORLANDO, FL 32811 TITLE THOMPSON, SUSAN D TITLE SD ORLANDO, FL 32805 TITLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE SD ORLANDO, FL 328		ORLANDO, FL 32808					PELA	vdo,	F1, 3	2808	Yice f	pes.
STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE TD WALLACE, LUVENIA 1635 SAARON AVE ORLANDO, FL 32811 TITLE ORLANDO, FL 32805 TY33 BENTLEY ST ORLANDO, FL 32805 TY33 BENTLEY ST ORLANDO, FL 32805 TY51-ZIP TREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TY51-ZIP ORLANDO, FL 32805 TY51-ZIP ORLANDO, FL 32805 TY51-ZIP TREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TY51-ZIP TY51-ZIP ORLANDO, FL 32805 TY51-ZIP ORLANDO, FL 32				Delete	4			/			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32811 THOMPSON, SUSAN D STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE SD STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TITLE SD SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP TITLE SD SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TITLE SD SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TILE SD SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TO DEIdle TITLE SD STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TO DEIDLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TO DEIDLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TO DEIDLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TO DEIDLE STREET ADDRESS CITY-ST-ZIP TO DEIDLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP TO DEIDLE STREET ADDRESS CITY-ST-ZIP CHANGE CHA	STREET ADDRESS	8850 W. D. JUDAE DR	\rightarrow	STREE	T ADDRESS							
TITLE SP PD Change Addition NAME THOMPSON, SUSAN D THOMPSON, SUSAN D TREET ADDRESS CITY-ST-ZIP TITLE SD SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP TITLE NAME SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP TITLE NAME SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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 withtran address, with all other like empowered. SIGNATURE: OI-10-07 391-438-76-48	TITLE	TD	······································	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·			 			
TITLE SP PD Change Addition NAME THOMPSON, SUSAN D THOMPSON, SUSAN D TREET ADDRESS CITY-ST-ZIP TITLE SD SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP TITLE NAME SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP TITLE NAME SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP Thereby 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 withtran address, with all other like empowered. SIGNATURE: OI-10-07 391-438-76-48		•		_					<u> 7000</u> .	8682	21587	7
NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE SD NAME SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE SWANGIN TULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE SWANGIN TULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TILE SWANGIN TULIUS STREET ADDRESS CITY-ST-ZIP 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 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: OI-10-07 391-458-9648							01.	/31/07	-U1037030 **70.00			
STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE SD SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TILE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO ORLANDO, FL 32805 TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO ORLA		THOMPSON SUSAND		Oetete					,		☐ Change	☐ Addition
CITY-ST-ZIP ORLANDO, FL 32805 TITLE SD NAME SWANGIN, JULIUS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32805 CITY-ST-ZIP ORLANDO, FL 32805 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 mry 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: OI-10-07 391-458-9648												ļ
SWANGIN, JULIUS 416 S PARAMORE AVE ORLANDO, FL 32805 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: OI-10-07 391-438-9648	CITY-ST-ZIP											-
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: OI-10-07 391-438-9648				Delete	1						Change	☐ Addition
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: OI-ID-07 391-438-9648				->		1						ļ
initiotated on this report of 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: OI-ID-07 391-458-9648		·			1							1
	of the con	on this report or supplemental repo poration or the receiver or trustee e	on is true and a empowered to a	ccurate and that m execute this report a	reanie v	ira chall havo	o the came	landi affaci	t ac if made und	lor oath that	1 am an officer	or director 1
VERNAL OF THE AREA OF THE CONTRACT OF THE CONT	SIGNAT	URE: Sina	<u></u>	// // // // // // // // // // // // //	<u>2/D</u>	ND		01-	-12-01	7 3		9648