

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007294

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CAROL SMITH BOWE MINISTRIES, INC.

## Current Principal Place of Business:

3032 NW 4TH COURT  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

4686 PALOMAR AVENUE  
FT. PIERCE, FL 34946

## Current Mailing Address:

3032 NW 4TH COURT  
POMPANO BEACH, FL 33069

## New Mailing Address:

P.O. BOX 13226  
FT. PIERCE, FL 34979

FEI Number: 65-0881916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOWE, CAROL S  
3032 NW 4TH COURT  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

BOWE, CAROL S  
P.O. BOX 13226  
FT. PIERCE, FL 34979 US

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.

SIGNATURE: CAROL S. BOWE

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOWE, CAROL S  
Address: 3032 NW 4TH COURT  
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: SD ( ) Delete  
Name: ROBERTSON, SHANDRA  
Address: 5231 NW 12TH COURT  
City-St-Zip: LAUDERDALE, FL 33313

Title: TD ( ) Delete  
Name: LEE, MARTHA  
Address: 3032 NW 4TH COURT  
City-St-Zip: POMPAN0 BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOWE, CAROL S  
Address: P.O. BOX 13226  
City-St-Zip: FT. PIERCE, FL 34979

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL S. BOWE

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date