# I hereby 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 all other like empowered.

PD

#### SIGNATURE: RICHARD LAKOTA

Electronic Signature of Signing Officer/Director Detail

#### Name and Address of Current Registered Agent:

MANN, MARK C 1430 OAKFIELD DR BRANDON, FL 33511 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:

Electronic Signature of Registered Agent

### Officer/Director Detail :

Officer/Director Detail :			
Title	PD	Title	VD
Name	LAKOTA, RICHARD	Name	WILES, JEFF
Address	P. O. BOX 48353	Address	5156 WOOD CIR W
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	LAKELAND FL 33805
Title	STD		
Name	LAKOTA, ANNETTE		
Address	P.O. BOX 48353		
City-State-Zip:	TAMPA FL 33647		

**Current Principal Place of Business:** 

Entity Name: RICHARD OWENS MINISTRIES, INC.

6406 E. FOWLER AVENUE STE A/B TEMPLE TERRACE, FL 33617

### **Current Mailing Address:**

P. O. BOX 48353 TAMPA, FL 33647

# FEI Number: 75-2301318

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0200009113

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Certificate of Status Desired: No

02/10/2016

Date

Date