

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009113

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC1667119063**

**Entity Name:** RICHARD OWENS MINISTRIES, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P. O. BOX 48353  
TAMPA, FL 33647

**FEI Number:** 75-2301318

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LAKOTA, RICHARD  
Address P. O. BOX 48353  
City-State-Zip: TAMPA FL 33647

Title VD  
Name WILES, JEFF  
Address 5156 WOOD CIR W  
City-State-Zip: LAKELAND FL 33805

Title STD  
Name LAKOTA, ANNETTE  
Address P.O. BOX 48353  
City-State-Zip: TAMPA FL 33647

*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.*

**SIGNATURE:** RICHARD LAKOTA

PD

01/16/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date