

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000004580

**Entity Name:** SOWERS4PASTORS, INC.**Current Principal Place of Business:**2609 SOUTH SANFORD AVE  
SANFORD, FL 32773**Current Mailing Address:**2609 SOUTH SANFORD AVE  
SANFORD, FL 32773 US**FEI Number:** 82-1025136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOROWSKI, DAVID J SR.  
2609 SOUTH SANFORD AVE  
SANFORD, FL 32773 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	DP
Name	SOWERS, ALLEN L
Address	2609 SOUTH SANFORD AVE
City-State-Zip:	SANFORD FL 32773

Title	DT
Name	WILLIAMS, JANIS B
Address	2609 SOUTH SANFORD AVE
City-State-Zip:	SANFORD FL 32773

Title	DIRECTOR
Name	DREESSEN, JOHN
Address	2609 SOUTH SANFORD AVE
City-State-Zip:	SANFORD FL 32773

Title	DS
Name	COFER, JAMES M
Address	2609 SOUTH SANFORD AVE
City-State-Zip:	SANFORD FL 32773

Title	D
Name	BOROWSKI, DAVID J
Address	2609 SOUTH SANFORD AVE
City-State-Zip:	SANFORD FL 32773

Title	DIRECTOR
Name	CORDOVANO, JEREMIAH
Address	2609 SOUTH SANFORD AVE
City-State-Zip:	SANFORD FL 32773

*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: ALLEN SOWERS****PRESIDENT****04/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date