

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010420

**FILED**  
**Mar 05, 2004**  
**Secretary of State**

**Entity Name:** WINNERS ASSEMBLY INTERNATIONAL CHURCH, INC.

**Current Principal Place of Business:**

10329 CROSS CREEK BLVD STE D  
TAMPA, FL 33647

**New Principal Place of Business:**

10329 CROSS CREEK BLVD STE D  
SUITE D  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 47376  
TAMPA, FL 336477376

**New Mailing Address:**

**FEI Number:** 05-0546629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARANSI, JULIANA A PASTOR  
10309 BENEVA DR  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ARANSI, JOHN L PASTOR  
Address: 10329 CROSS CREEK BLVD STE D  
City-St-Zip: TAMPA, FL 33647

Title: DV ( ) Delete  
Name: ARANSI, JULIANA A PASTOR  
Address: 10329 CROSS CREEK BLVD STE D  
City-St-Zip: TAMPA, FL 33647

Title: TRUS ( ) Delete  
Name: BANKOLE, ELIJA A PASTOR  
Address: PO BOX 20238  
City-St-Zip: MONTGOMERY, AL 361200238

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JOHN ARANSI

DP

03/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date