

2002 UNIFORM BUSINESS REPORT (UBR)

5/28/

FILED
Jul 09, 2002 8:00 am
Secretary of State

05-28-2002 91780 041 ****61.25

DOCUMENT # N00000000003

1. Entity Name

**MT. SINAI SOUL WINNING REVIVAL TIME MINISTRIES I
 NC.**

Principal Place of Business

Mailing Address

**802 DOUGLAS ST
 PLANT CITY FL 33566**

**802 DOUGLAS ST
 PLANT CITY FL 33566**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYNN, FRANK L BISHOP
 802 DOUGLAS ST
 PLANT CITY FL 33566**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNN, FRANK 802 DOUGLAS ST PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WYNN, BARBARA 802 DOUGLAS ST PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMILTON, JEVARIS 802 DOUGLAS ST PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CHARLES, MALIK 1108 W. ALSOBROOK ST PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHARLES, MALIK 1108 W. ALSOBROOK ST PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNN, FRANK JR 7802 N. MARKS ST TAMPA FL 33604	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pastor Wynn, Frank Sr. 802 Douglas st. Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Evangelist Wynn, Barbara 802 Douglas st. Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Missionary Wynn, Bonnie 802 Douglas st. Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Minister Charles, Malik 1108 W. Alsobrook st. Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Wynn, Frank Jr. 802 Douglas st. Plant City, FL 33566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bishop Frank Wynn Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9 02 (813) 417-5808

CR2E037 (9/01)

ATLANTA GA 39901

Attachment

THIS NOTICE: 03-20-2000
NUMBER OF THIS NOTICE, CP 975 F
EMPLOYER IDENTIFICATION NUMBER, 59-3631183
FORM, SS-4
0716030485 0

MT SINAI SOUL WINNING REVIVAL TIME
% FRANK L WYNN SR
1334 THOMPSON AVE
LAKELAND FL 33805

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 59-3631183. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

MT SINAI SOUL WINNING REVIVAL TIME
MINISTRIES
% FRANK L WYNN SR
1334 THOMPSON AVE
LAKELAND FL 33805

If this information isn't correct, please correct it using page 2 of this notice. Return it to us at the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office, Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Thank you for your cooperation.

David

Bishop Wynn