

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90100 033 ****61.25

DOCUMENT # N000000000003

1. Entity Name
MT. SINAI SOUL WINNING REVIVAL TIME MINISTRIES I NC.



Principal Place of Business
802 DOUGLAS ST
PLANT CITY FL 33566

Mailing Address
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 59-3631183

☒ **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Frank L. Wynn Sr. Bishop-Pastor April 26, 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WYNN, SR, FRANK	
STREET ADDRESS	802 DOUGLAS ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WYNN, BARBARA	
STREET ADDRESS	802 DOUGLAS ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	MT	<input type="checkbox"/> Delete
NAME	WYNN, BONNIE	
STREET ADDRESS	802 DOUGLAS ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	M	<input type="checkbox"/> Delete
NAME	CHARLES, MALIK	
STREET ADDRESS	1108 W. ALSOBROOK ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYNN, FRANK JR	
STREET ADDRESS	802 DOUGLAS STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition.
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Frank L. Wynn Sr. Bishop-Pastor **REQUIRED**

4-26-03 813-707-0094

CR2E037 (10/02)