2006 NOT-FOR-PROFIT_CORPORATION **ANNUAL REPORT (AR)**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # N01000006807 1. Entity Name 04-18-2006 90084 014 ****61.25 U-WIN OUTREACH MINISTRIES, INC. Principal Place of Business Mailing Address 907 WEST SILVER SPRINGS PL. OCALA FL 34475 907 WEST SILVER SPRINGS PL. **OCALA FL 34475** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 01-0661506 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREENE, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 907 WEST SILVER SPRINGS PL. **OCALA FL 34475** 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 Signature, typing or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREENE, SHIRLEY M NAME NAME 907 WEST SILVER SPRINGS PL. STREET ADDRESS STREET ADDRESS **OCALA FL 34475** CITY-ST-ZIP CITY-\$T-ZIP Delete TITLE Change ☐ Addition TITLE John L. Swainse. 2 Cedar Tree way WALLACE, MAURICE NAME NAME 1322 S W 2ND STREET STREET ADDRESS STREET AODRESS DCA/A. F1. 34472 OCALA FL 34475 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition Joyce LARKIN WALLACE, VERONICA NAME NAME 7655 S.W. 10th Steert 1322 S W 2ND STREET STREET ADDRESS STREET ADDRESS OCALA FL 34475 CITY-ST-ZIP CITY-ST-ZIP OCAIR, F1. 344 74 Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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. 4/3/06 (352)629-9564 SIGNATURE: