


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90167 005 ****70.00

DOCUMENT # N03000003144			
1. Entity Name W.I.N. 1 MINISTRIES, INC.			
Principal Place of Business 1509 JOHNSON STREET EUSTIS, FL 32726		Mailing Address 1509 JOHNSON STREET EUSTIS, FL 32726	
2. Principal Place of Business 632 S. Bay Street Suite, Apt. #, etc.		3. Mailing Address 1509 Johnson St Suite, Apt. #, etc.	
City & State Eustis, FL		City & State Eustis FL	
Zip 32726	Country USA	Zip 32726	Country USA



04302004 Chg-NP CR2E037 (10/03)

4. FEI Number
42-1591608

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILL, RENEE' 1509 JOHNSON STREET EUSTIS, FL 32726		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Renee Hill Renee Hill 5/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOLBERT, JESSIE 1116 HAZZARD AVE. EUSTIS, FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENEFE, BRENDA 1012 GOTTSCHKE ST. EUSTIS, FL 32727 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUNSTON, DENESE 1654 ANDERSON ST. ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, RENEE' 1509 JOHNSON STREET EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, BENNY 1509 JOHNSON STREET EUSTIS, FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President Hill, Benny St, Eustis, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Renee Hill 5/2/04 (352) 589-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

er

54053046

Attachment N03000003144

To Whom It May Concern;

I experienced difficulty when I attempted to download the enclosed form. This is why my report is past the due date. I'm sorry for the delay it was not my intention. Please contact me if you have any questions. Thank you,

Renee Hill
W.I.N Ministries
(352) 589-0871.