

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED**  
**Oct 07, 2005**  
**Secretary of State**

DOCUMENT# N03000003144

Entity Name: W.I.N. 1 MINISTRIES, INC.

**Current Principal Place of Business:**

632 S BAY ST.  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

1509 JOHNSON STREET  
EUSTIS, FL 32726

**New Mailing Address:**

632 S. BAY STREET  
EUSTIS, FL 32726

FEI Number: 42-1591608      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HILL, RENEE'  
1509 JOHNSON STREET  
EUSTIS, FL 32726    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: RENEE' HILL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD            ( ) Delete  
Name: MENEFFEE, BRENDA  
Address: 1012 GOTTSCHKE ST.  
City-St-Zip: EUSTIS, FL 32727

Title: TD            ( ) Delete  
Name: DUNSTON, DENESE  
Address: 1654 ANDERSON ST.  
City-St-Zip: ORLANDO, FL 32808

Title: D              ( ) Delete  
Name: HILL, RENEE'  
Address: 1509 JOHNSON STREET  
City-St-Zip: EUSTIS, FL 32726

Title: P              ( ) Delete  
Name: HILL, BENNY  
Address: 1509 JOHNSON STREET  
City-St-Zip: EUSTIS, FL 32726

Title:                ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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:

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

Title: M              ( ) Change (X) Addition  
Name: THOMAS, VIVIAN MRS  
Address: 800 49TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707 DA

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: RENEE' HILL

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

D

10/07/2005

\_\_\_\_\_  
Date