

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2008
Secretary of State

DOCUMENT# N03000003144

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

Current Principal Place of Business:

612 S BAY ST.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

612 S. BAY STREET
EUSTIS, FL 32726

New Mailing Address:

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'
2301 FOXTREE ROAD
TAVARES, FL 32778 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: _____

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

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 (X) Change () Addition
Name: HAWKINS, 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 exemption stated in Chapter 119, 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: D. RENEE HILL

Electronic Signature of Signing Officer or Director

DIR

08/29/2008

_____ Date