## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N94000004587 (1)

WINNING THE LOST AT ANY COST MINISTRY, INC.

953 NW 9TH AVE. FL CITY FL 33034		P.O. BOX 610746		3. Date incorporated or Qualified			
FE GITT FE 33	034	NORTH MIAMI FL 33261			09/16/1994		
					4. FEI Number		pplied For
<u> </u>					36-3782590	I IN	ot Applicable
2. Principal P	lace of Business	2a. Mailing Address			5. Certificate of Status Desired	\$8.75	Additional
21		26				Fee F	equired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing		Мау Ве
22		27			Trust Fund Contribution	Added	o Fees
Clty & Stat	e	City & State			7. Is this nonprofit corporation a homeo		on?
23		28			☐ Yes	<del></del>	
Zip	Country	Zip	Country		8. This corporation owes or has paid the		
24	25	1	30		Personal Property Tax due June 30.		≥ No
	9. Name and Address of Curre	nt Registered Agent	81	N	10. Name and Address of New Register	ered Agent	
İ			81	Name			
CORPORATION INFORMATION SERVICE		NC. 82 Street Add		iress (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET							
TALLAH	ASSEE FL 32301		83				
			84	City		85 Zip	Code
			[1]	•		FLII	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above	named corp	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing	ts registered
agent, fa	registered agent, or both, in the State am familiar with, and accept the oblig	ations of, Section 617.0503, Flori	ida Statutes	the corporati	or s board or directors, thereby accept the	арронинен а	registered
SIGNATURE							
SIGNATIONE.	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Ager	it signature require		ATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	ות ו						
I IIILE	PD	DELETE	1.1 TITLE			Change	Addition
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•	, · · -	L_J DELETE	1	ADDRESS		[] Change	Addation
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STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if chapted, or an antachment with an address.

**FILED** 

Feb 04 1998 8:00am

Secretary of State