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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90144 030 \*\*\*\*75.00

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000004587**

1. Corporation Name

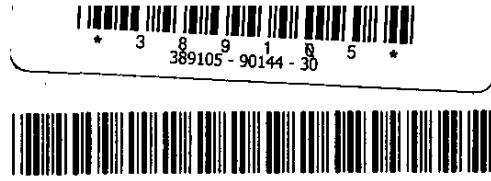
**WINNING THE LOST AT ANY COST MINISTRY, INC.**

Principal Place of Business

953 NW 9TH AVE.  
 FL CITY FL 33034

Mailing Address

P.O. BOX 610746  
 NORTH MIAMI FL 33261



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/16/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

36-3782590

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
	PD RANDOLPH, DOROTHY J 14560 NE 6 AVE #210 NORTH MIAMI FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DS HARRIS, BARBARA 1735 NW 135TH ST MIAMI FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DT PORTER, RUBY L 953 NW 9TH AVE. FL CITY FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	T DANIEL TITUS 1932 NW 42 AVENUE MIAMI FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Harris* / *Dorothy J. Randolph* 4/19/99 (305) 354-7251  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)