

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -6 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1094000004587  
1. Entity Name  
Winning The Lost at any Cost Ministry Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
953 NW 9 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
953 NW 9 AVE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Florida City

City & State  
Florida

4. FEI Number  
FD No 363782590

Applied For  
Not Applicable

Zip  
33034

Country  
Miami

Zip  
33034

Country  
United States

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

## 7. Name and Address of Current Registered Agent

Name Cooperative Harmonia Service, Inc.

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

1201 Hayes Street  
City Tallahassee

FL Zip Code 32301

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.

☒ \$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dorothy S. Randolph 953 NW 9 Ave Florida City 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Barbara Harris 1735 NW 135 Street Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Ruby Lee Porter 1456 NE 6 St North Miami
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Dorothy S. Randolph 1111 NW 80 Ave Street Miami, Florida 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005816352--6 -06/18/02--01059--021 *****75.00 *****75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Dorothy S. Randolph, President

CR2E037B (12/01)