


**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90006 008 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # N98000003226</b> 1. Corporation Name <b>WINSOME SPIRIT MINISTRIES, INC.</b>		

Principal Place of Business 3931 S. PIPKIN RD. LAKELAND FL 33811	Mailing Address 3931 S. PIPKIN RD. LAKELAND FL 33811
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2. Principal Place of Business 21 <b>6724 O'Daniel Loop W</b> Suite, Apt. #, etc. 22 City & State 23 <b>Lakeland FL</b> Zip Country 24 <b>33809</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>6724 O'Daniel Loop W</b> Suite, Apt. #, etc. 27 City & State 28 <b>Lakeland FL</b> Zip Country 29 <b>33809</b> 30 <b>USA</b>	3. Date Incorporated or Qualified <b>06/03/1998</b> 4. FEI Number <b>59-3525663</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <b>SLOAN, TOMMY</b> <b>3931 S. PIPKIN RD.</b> <b>LAKELAND FL 33811</b>	10. Name and Address of New Registered Agent 81 Name <b>TOMMY SLOAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6724 O'Daniel Loop W</b> 83 84 City <b>Lakeland</b> FL 85 Zip Code <b>33809</b>
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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	
TITLE <b>P/D</b>	<b>TOMMY SLOAN</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6724 O'Daniel Loop W</b>	1.2 NAME	
STREET ADDRESS	<b>Lakeland FL 33809</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>V/D</b>	<b>JANA L. SLOAN</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6724 O'Daniel Loop W</b>	2.2 NAME	
STREET ADDRESS	<b>Lakeland FL 33809</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>Richard Hoover</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1625 ARIANA #30</b>	3.2 NAME	
STREET ADDRESS	<b>Lakeland FL 33805</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<b>JAMES MANN</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>913 COLLEGE AVE</b>	4.2 NAME	
STREET ADDRESS	<b>LAKELAND FL 33801</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>KEVIN DODDY</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1225 WALT WILLIAMS RD</b>	5.2 NAME	
STREET ADDRESS	<b>LAKELAND FL 33809</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<b>STEVE BREATHITT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>305 E PARK</b>	6.2 NAME	
STREET ADDRESS	<b>LAKELAND FL 33801</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED TOMMY SLOAN MAY 1 941-647-3027**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)