

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003226

1. Entity Name

WINSOME SPIRIT MINISTRIES, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90031 033 \*\*\*\*61.25

Principal Place of Business

6724 O'DONIEL LOOP W  
LAKELAND FL 33809

Mailing Address

6724 O'DONIEL LOOP W  
LAKELAND FL 33809

2. Principal Place of Business

6724 O'DONIEL LOOP W

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

O'DONIEL

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3525663

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLOAN, TOMMY  
6724 O'DONIEL LOOP W  
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW:**  
**FEE IS \$61.25**

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 PD  
NAME SLOAN, TOMMY  
STREET ADDRESS 6724 O'DONIEL LOOP W  
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE VTD  
NAME SLOAN, JANA  
STREET ADDRESS 6724 O'DONIEL LOOP W  
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE D  
NAME HOOVER, RICHARD  
STREET ADDRESS 1625 ARIANA #30  
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

TITLE D  
NAME DODDY, KEVIN  
STREET ADDRESS 1225 WALT WILLIAM RD  
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE D  
NAME BREATH, STEVE  
STREET ADDRESS 305 E PARK  
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

Delete "V" ☒ Change ☐ Addition

Add "V" (vice president) ☐ Change ☒ Addition

Add "C" ☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Sloan*

4/24/00

863-413-0777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #