2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003226

Entity Name: WINSOME SPIRIT MINISTRIES, INC.

FILED Apr 23, 2004 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
6724 O'DOI LAKELAND	NIEL LOOP W , FL 33809				
Current Mailing Address:			New Mailin	New Mailing Address:	
6724 O'DOI LAKELAND	NIEL LOOP W , FL 33809				
FEI Number:	59-3525663	FEI Number Applied For () FEI	Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	VIEL LOOP W	US			
The above in the State		ubmits this statement for the purpos	se of changing its	s registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[SLOAN, TOMMY 6724 O'DONIEL LAKELAND, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () E SLOAN, JANA 6724 O'DONIEL LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () E HOOVER, RICK 1625 ARIANA #3 LAKELAND, FL		Title: Name: Address: City-St-Zip:	VD (X) Change () Addition HOOVER, RICK 1118 MELTON AVE LAKELAND, FL 33803	
Title: Name: Address: City-St-Zip:	CD ()[GABLE, JERRY 4320 POLK AVE. LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () EBREATHITT, STE 305 E PARK LAKELAND, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition CRAWFORD, MIKE 809 COLLEGE AVE LAKELAND, FL 33801	
Title: Name: Address: City-St-Zip:	D ()[HOOVER, MELAI 1625 ARIANA #3 LAKELAND, FL	0	Title: Name: Address: City-St-Zip:	D (X) Change () Addition HOOVER, MELANIE 1118 MELTON AVE LAKELAND, FL 33803	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY SLOAN PD 04/23/2004