2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003
Secretary of State

DOCUMENT# N98000003226

Entity Name: WINSOME SPIRIT MINISTRIES, INC.

Current Principal Place of Business:

6724 O'DONIEL LOOP W
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

6724 O'DONIEL LOOP W
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 59-3525663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SLOAN, TOMMY	
Address:	6724 O'DONIEL LOOP W	
City-St-Zip:	LAKELAND, FL 33809	
Title:	TD	( ) Delete
Name:	SLOAN, JANA	
Address:	6724 O'DONIEL LOOP W	
City-St-Zip:	LAKELAND, FL 33809	
Title:	VD	( ) Delete
Name:	HOOVER, RICK	
Address:	1625 ARIANA #30	
City-St-Zip:	LAKELAND, FL 33805	
Title:	CD	( ) Delete
Name:	GABLE, JERRY	
Address:	4320 POLK AVE.	
City-St-Zip:	LAKELAND, FL 33813	
Title:	D	( ) Delete
Name:	BREATHITT, STEVE	
Address:	305 E PARK	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	HOOVER, MELANIE	
Address:	1625 ARIANA #30	
City-St-Zip:	LAKELAND, FL 33805	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JANA SLOAN TD 05/05/2003

Electronic Signature of Signing Officer or Director — Date