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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005670

1. Corporation Name

SOUL WINNING MINISTRY, INC.

Principal Place of Business

3700 NW 9TH CT
 FORT LAUDERDALE FL 33311

Mailing Address

3700 NW 9TH CT
 FORT LAUDERDALE FL 33311



2. Principal Place of Business

21 2515 N.W. 15th

Suite, Apt. #, etc.

22 City & State
 Ft. Lauderdale Fl.

23 Zip
 33311

Country

24 Broward

2a. Mailing Address

26 2515 N.W. 15th

Suite, Apt. #, etc.

27 City & State
 Ft. Lauderdale Fl.

28 Zip
 33311

Country

29 Broward

3. Date Incorporated or Qualified

10/02/1998

4. FEI Number

650866750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THOMAS, DOROTHY

3700 NW 9TH CT

FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

Thomas, Dorothy

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

2515 N.W. 15th

83

84 City

Fort Lauderdale

FL

85 Zip Code

33313

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

TITLE ☐ DELETE

NAME D THOMAS, DOROTHY

STREET ADDRESS 3700 NW 9TH CT

CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME D ROSS, CHARLENE

STREET ADDRESS 1400 NW 8TH AVE

CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME D ROSS, LORA

STREET ADDRESS 1436 NW 7TH TERR

CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Thomas, Dorothy

1.3 STREET ADDRESS 2515 N.W. 15th

1.4 CITY-ST-ZIP Ft. Laud. Fl. 33311

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Christine Fields

2.3 STREET ADDRESS 5332 N.W. 18th St. #3

2.4 CITY-ST-ZIP Lauderhill Fl. 33313

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99 954-733-7010

Date

Daytime Phone #

CR2E037 (11/98)