

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90048 002 ****61.25

DOCUMENT # N98000005670

1. Entity Name

SOUL WINNING MINISTRY, INC.



Principal Place of Business

2515 NW 15 CT.
FORT LAUDERDALE FL 33311

Mailing Address

C/O BISHOP BILL RICE
PO BOX 821867
SOUTH FLORIDA FL 33082

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0866750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, BILL BISHOP
19730 S.W. 12TH ST.
PEMBROKE PINES FL 33029

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME THOMAS, DOROTHY
STREET ADDRESS 2515 NW 15 CT
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE VP ☐ Delete
NAME RICE, BILL BISHOP
STREET ADDRESS 19730 SW 12 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE D ☐ Delete
NAME JONES, WILLIE-J BISHOP
STREET ADDRESS 2261 NW 58 ST.
CITY-ST-ZIP MIAMI FL 33142

TITLE D ☐ Delete
NAME FIELDS, CHRISTINE
STREET ADDRESS 5332 NW 18 ST #3
CITY-ST-ZIP FT. LAUDERDALE FL 33313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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: Bishop Bill Rice - Bill Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-04 954-431-7193

Date

Daytime Phone #