2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002706

1. Entity Name

SOUL WINNERS INTERNATIONAL MINISTRIES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90092 013 ****61.25

Principal Place of Business	Mailing Address
151 N HWY 27 CLERMONT FL 34711	151 N HWY 27 CLERMONT FL 34711-2401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1218 Overlake Avenue	P.O. Box 560944
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Florida	City & State: Orlando, Florida
Zip: 32806 Country: USA	Zip: 32856 Country: U.S.A.

4. FEI Number 59-3574509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAUNDERS, MARK W 151 N HWY 27 CLERMONT FL 34711	Name: Saunders, Mark W. Street Address (P.O. Box Number is Not Acceptable): 1218 Overlake Avenue City: Orlando FL Zip Code: 32806

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: Mark W. Saunders — Mark W. Saunders-President — 4/25/2000
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUNDERS, MARK W 16821 ALPHA AVE MONTVERDE FL 34756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAUNDERS, KIMBERLEE K 16821 ALPHA AVE MONTVERDE FL 34756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANSING, MARIE J 1218 OVERLAKE AVE ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/99)

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: Mark W. Saunders — Mark W. Saunders 4/25/2000 (407)469-9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #