

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002706

1. Entity Name

SOUL WINNERS INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

1218 OVERLAKE AVE.  
ORLANDO FL 32806

Mailing Address

1218 OVERLAKE AVE.  
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

P.O. Box 560944

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Orlando, FL

Zip

Country

Zip  
32856

Country

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

SAUNDERS, MARK W  
151 N HWY 27  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Saunders, Mark W

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

1218 Overlake Ave.

City

Orlando, FL 32806

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) 4/13/01

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

|                                                |                                                                     |                                 |
|------------------------------------------------|---------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SAUNDERS, MARK W<br>16821 ALPHA AVE<br>MONTVERDE FL 34756      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SAUNDERS, KIMBERLEE K<br>16821 ALPHA AVE<br>MONTVERDE FL 34756 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LANSING, MARIE J<br>1218 OVERLAKE AVE<br>ORLANDO FL 32806      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |   |                                                                   |
|------------------------------------------------|---|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 4/13/01 (407) 469-9071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90322 035 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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