CR2E037 (10/00)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # N9900007607 1. Entity Name EVANGELISTIC SOUL WINNING MINISTRY, INC. 4-27-2001 90357 013 ****70.00 Principal Place of Business Mailing Address 555 S NORTH LAKE BLVD #29 PO BOX 150068 ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3612611 Not Applicable Zip Country Zip Country \$8.75 Additional 又 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, JOSEPH S 555 S NORTH LAKE BLVD #29 ALTAMONTE SPRINGS FL 32701 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE 0 TITLE barbara boston ☐ Change Addition SMITH, JOSEPH S NAME NAME P.O.Box 621771 STREET ADDRESS 555 S NORTH LAKE BLVD #29 STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP Florida ٧D TITLE **Delete** TITLE Addition SMITH, JOHNNIE W NAME NAME 555 S NORTH LAKE BLVD #29 STREET ADDRESS STREET ADDRESS iedo. Florida 32765 CITY-ST-7IP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change **Addition** BEASLEY, TAMMY NAME NAME 555 S NORTH LAKE BLVD #29 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 1311 E. MACK ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 328803 oriando TITLE ☐ Delete TITLE ☐ Change Addition X NAME VICENT) Soil 103 Red CONAY Drive STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP עברבצ ושי SAN tord TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #