

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000007607

FILED
Oct 05, 2004
Secretary of State**Entity Name:** EVANGELISTIC SOUL WINNING MINISTRY, INC.**Current Principal Place of Business:**555 S NORTH LAKE BLVD #29
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 150068
ALTAMONTE SPRINGS, FL 32715**New Mailing Address:****FEI Number:** 59-3612611**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, JOSEPH S
555 S NORTH LAKE BLVD #29
ALTAMONTE SPRINGS, FL 32701 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JOSEPH S
Address: 555 S NORTH LAKE BLVD #29
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: BOSTON, BARBARA
Address: PO BOX 621771
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: BEASLEY, TAMMY
Address: 555 S NORTH LAKE BLVD #29
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: VICENTY, EDIL
Address: 108 RED CEDAR DRIVE
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: WHITE, BURNICE
Address: 1311 E MARK ST
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: SMITH, ROBERT
Address: 620001-PO BOX
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, ANNIE
Address: 620001-PO BOX
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH S SMITH

PRES

10/05/2004

Electronic Signature of Signing Officer or Director

Date