

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007607

FILED  
Jul 01, 2008  
Secretary of State

**Entity Name:** EVANGELISTIC SOUL WINNING MINISTRY, INC.

**Current Principal Place of Business:**

942 EAST BROADWAY  
OVIEDO, FL 32765

**New Principal Place of Business:**

2351 NAUTICAL WAY #105  
WINTER PARK, FL 32792

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SMITH, JOSEPH S  
942 EAST BROADWAY  
OVIEDO, FL 32765      US

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: 942 EAST BROADWAY  
City-St-Zip: OVIEDO, FL 32765

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: HALEY, ADELLE  
Address: 42943 HONEY SUCKLE ST.  
City-St-Zip: EUSTIS, FL 32736

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: SMITH, JOSEPH S  
Address: 2351 NAUTICAL WAY #105  
City-St-Zip: WINTER PARK, FL 32792

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 SMITH

PRES

07/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date