

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State

09-18-2003 90029 035 ***236.25

DOCUMENT # N99000007607

1. Entity Name
EVANGELISTIC SOUL WINNING MINISTRY, INC.



Principal Place of Business
**555 S NORTH LAKE BLVD #29
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**555 S NORTH LAKE BLVD #29
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address
P.O. BOX 150068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Altamonte Spgs FL

4. FEI Number **59-3612611**

Applied For
Not Applicable

Zip

Country

Zip

Country

32715

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

**SMITH, JOSEPH S
555 S NORTH LAKE BLVD #29
ALTAMONTE SPRINGS FL 32701**

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, JOSEPH S
555 S NORTH LAKE BLVD #29
ALTAMONTE SPRINGS FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOSTON, BARBARA
PO BOX 621771
OVIEDO FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BEASLEY, TAMMY
555 S NORTH LAKE BLVD #29
ALTAMONTE SPRINGS FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VICENTY, EDIL
108 RED CEDAR DRIVE
SANFORD FL 32773** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WHITE, BURNICE
1311 E MARK ST
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, ROBERT
620001-PO BOX
OVIEDO FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **Joseph Smith** 9/16/2003 407-925 8586

CR2E037 (4/03)