

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002571

FILED
Feb 06, 2008
Secretary of State

Entity Name: SPIRIT WIND MINISTRIES, INC.

Current Principal Place of Business:

6902 SALERNO ROAD
FORT PIERCE, FL 34951

New Principal Place of Business:

8515 INDRIIO ROAD
FORT PIERCE, FL 34951

Current Mailing Address:

6902 SALERNO ROAD
FORT PIERCE, FL 34951

New Mailing Address:

8515 INDRIIO ROAD
FORT PIERCE, FL 34951

FEI Number: 20-8692027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOCK, DWAIN
6902 SALERNO ROAD
FORT PIERCE, FL 34951 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: HAMMOCK, DWAIN
Address: 6902 SALERNO ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: HAMMOCK, LINDA
Address: 6902 SALERNO ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: STD () Delete
Name: RICHWINE, DAVID
Address: 6112 YUCCA DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: VD () Delete
Name: RICHWINE, PENNIE
Address: 6112 YUCCA DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: MARANGIO, BRUCE
Address: 219 SOUTH SIMS CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34984

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

Title: D () Change (X) Addition
Name: BEATTY, RONALD
Address: 1339 PEPPERTREE TRAIL
City-St-Zip: FORT PIERCE, FL 34950

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: DWAIN HAMMOCK

PD

02/06/2008

Electronic Signature of Signing Officer or Director

Date