

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002571

FILED
Mar 01, 2012
Secretary of State

Entity Name: SPIRIT WIND MINISTRIES, INC.

Current Principal Place of Business:

8515 INDRIO ROAD
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

8515 INDRIO ROAD
FORT PIERCE, FL 34951

New Mailing Address:

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

Title: STD
Name: HAMMOCK, LINDA
Address: 6902 SALERNO ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: D
Name: HARNED, ANTHONY
Address: 174 S. W. PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D
Name: FIORENZO, GEORGE
Address: 7701 HIBISCUS ROAD
City-St-Zip: FORT PIERCE, FL 34951

Title: VD
Name: BEATTY, RONALD
Address: 1339 PEPPERTREE TRAIL
City-St-Zip: FORT PIERCE, FL 34950

Title: D
Name: REXFORD, JOHN
Address: 550 W. FORREST TRAIL
City-St-Zip: VERO BEACH, FL 32962

I hereby 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 all other like empowered.

SIGNATURE: DWAIN HAMMOCK

PRES

03/01/2012

Electronic Signature of Signing Officer or Director

Date