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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21576** **(6)**

1. Corporation Name
MIGHTY WIND MINISTRIES, INC.

Principal Place of Business	Mailing Address
C/O REV.JAMES C. BYERS III 609 LAKE AVENUE ALTAMONTE SPRINGS FL 32701	C/O REV.JAMES C. BYERS III 609 LAKE AVENUE ALTAMONTE SPRINGS FL 32701-2707

3. Date Incorporated or Qualified: 07/15/1987
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-2836471 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BYERS, JAMES C. III
609 LAKE AVENUE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BYERS, ESTHER		1.2 NAME		
STREET ADDRESS	1007 ATHENS WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BYERS, JOAN P.		2.2 NAME		
STREET ADDRESS	609 LAKE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HATCHER, DANIEL F		3.2 NAME	HATCHER, DANIEL F.	
STREET ADDRESS	1 1800 BREASVIEW, APT. 4516		3.3 STREET ADDRESS	13999 OLD BLANCO RD. #114	
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP	SAN ANTONIO, TX 78216	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TYLER, DANIEL		4.2 NAME		
STREET ADDRESS	3927 HWY, 441 NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH FL		4.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BYERS, J. C. J		5.2 NAME		
STREET ADDRESS	1007 ATHENS WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BYERS, JAMES C.		6.2 NAME		
STREET ADDRESS	609 LAKE AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan P. Byers JOAN P. BYERS STD April 4, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0012568