

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90120 027 ****61.25

DOCUMENT # N21576

1. Entity 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

839223



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2836471

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BYERS, JAMES C. III
609 LAKE AVENUE
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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	D BYERS, ESTHER <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1007 ATHENS WAY SUN CITY CENTER FL	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STD BYERS, JOAN P. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	609 LAKE AVENUE ALTAMONTE SPRINGS FL	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D HATCHER, DANIEL F <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	13430 CORAM PEAK SAN ANTONIO TX	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D TYLER, DANIEL <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3927 HWY, 441 NORTH PLYMOUTH FL	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	DC BYERS, J. C. J <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1007 ATHENS WAY SUN CITY CENTER FL	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	PD BYERS, JAMES C. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	609 LAKE AVE. ALTAMONTE SPRINGS FL	STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02 (407)834-9324

Date

Daytime Phone #

CFR20037 (9/01)