2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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

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04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2836471

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BYERS, ESTHER
STREET ADDRESS	1007 ATHENS WAY
CITY-ST-ZIP	SUN CITY CENTER, FL
TITLE	STD
NAME	BYERS, JOAN P.
STREET ADDRESS	609 LAKE AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	D
NAME	HATCHER, DANIEL F
STREET ADDRESS	13430 CORAM PEAK
CITY-ST-ZIP	SAN ANTONIO, TX
TITLE	D
NAME	TYLER, DANIEL
STREET ADDRESS	3927 HWY, 441 NORTH
CITY-ST-ZIP	PLYMOUTH, FL
TITLE	DC
NAME	BYERS, J. C. J
STREET ADDRESS	1007 ATHENS WAY
CITY-ST-ZIP	SUN CITY CENTER, FL
TITLE	PD
NAME	BYERS, JAMES C.
STREET ADDRESS	609 LAKE AVE.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL

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04/20/04-80034-024 61.25

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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: Joan P. Byers Secy/Treas. JOAN P. BYERS 4/15/04 (407) 834-9324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #