

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001209

1. Entity Name

THE WIND MINISTRIES, INCORPORATED

Principal Place of Business

135 EDGEWOOD TERRACE
SANTA ROSA BEACH FL 32459

Mailing Address

135 EDGEWOOD TERRACE
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

407 Tallavana Trl

Suite, Apt. #, etc.

3. Mailing Address

407 Tallavana Trl

Suite, Apt. #, etc.

City & State

Havana, FL

Zip

32333

Country

US

City & State

Havana, FL

Zip

32333

Country

US

4. FEI Number

59-3497829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAULTER, CHRISTINE E
135 EDGEWOOD TERRACE
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name Sautler, Christine E.

Street Address (P.O. Box Number is Not Acceptable)
407 Tallavana Trl

City

Havana

FL

Zip Code

32333

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

Christine E. Sautler

2/10/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAULTER, JAMES A 135 EDGEWOOD TERRACE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAULTER, CHRISTINE E 135 EDGEWOOD TERRACE SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNNELS, CLAY 2310 DON ANDRES TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sautler, James A 407 Tallavana Trl Havana, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Sautler, Christine E 407 Tallavana Trl Havana, FL 32333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James Sautler

James Sautler President 2/10/01

850-539-4715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90360 023 *****61.25

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DO NOT WRITE IN THIS SPACE

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