

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002571

**Entity Name:** SPIRIT WIND MINISTRIES, INC.

**Current Principal Place of Business:**

8515 INDRIO ROAD  
FORT PIERCE, FL 34951

**Current Mailing Address:**

8515 INDRIO ROAD  
FORT PIERCE, FL 34951

**FEI Number:** 20-8692027

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMMOCK, DWAIN  
6902 SALERNO ROAD  
FORT PIERCE, FL 34951 US

*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

**Officer/Director Detail :**

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

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

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

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

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

Title DIRECTOR  
Name ROBINSON, KENNETH  
Address 1225 17TH LANE SW  
City-State-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

**PRESIDENT**

**02/08/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date