### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002571

Entity Name: SPIRIT WIND MINISTRIES, INC.

FILED Feb 01, 2013 Secretary of State CC5376889323

# **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 Title STD

NameHAMMOCK, DWAINNameHAMMOCK, LINDAAddress6902 SALERNO ROADAddress6902 SALERNO ROADCity-State-Zip:FORT PIERCE FL 34951City-State-Zip:FORT PIERCE FL 34951

Title D Title D

NameHARNED, ANTHONYNameFIORENZO, GEORGEAddress174 S. W. PORT ST. LUCIE BLVD.Address7701 HIBISCUS ROADCity-State-Zip:PORT ST LUCIE FL 34984City-State-Zip:FORT PIERCE FL 34951

Title VD

Name REXFORD, JOHN
Address 550 W. FORREST TRAIL

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 02/01/2013

Electronic Signature of Signing Officer/Director Detail

Date