

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002571

Entity Name: SPIRIT WIND MINISTRIES, INC.**Current Principal Place of Business:**8103 INDRIO ROAD
FORT PIERCE, FL 34951**Current Mailing Address:**8103 INDRIO ROAD
FORT PIERCE, FL 34951 US**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	PRESIDENT, PASTOR
Name	HAMMOCK, DWAIN
Address	6902 SALERNO ROAD
City-State-Zip:	FORT PIERCE FL 34951

Title	SECRETARY, TREASURER
Name	MILLER, SUSAN
Address	331 NORTH GROVE ISLE CIRCLE
City-State-Zip:	VERO BEACH FL 32962

Title	DIRECTOR
Name	ROBINSON, KENNETH
Address	1225 17TH LANE SW
City-State-Zip:	VERO BEACH FL 32962

Title	DIRECTOR
Name	JACOBSEN, CHRISTIAN
Address	UNIVERSITY LANE
City-State-Zip:	FORT PIERCE FL 34951

Title	DIRECTOR
Name	REXFORD, JOHN
Address	550 WEST FOREST 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****01/27/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date