

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002571

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

**Current Principal Place of Business:**

6902 SALERNO ROAD  
FORT PIERCE, FL 34951

**Current Mailing Address:**

6902 SALERNO 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, CEO, PASTOR  
Name            HAMMOCK, DWAIN V  
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

Title            DIRECTOR  
Name            VALDIVIA, EMILY GRACE  
Address        513 4TH PLACE 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**

**04/02/2024**

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

\_\_\_\_\_  
Date