## **2019 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

Date

FILED Feb 15, 2019

**Secretary of State** 

6970310678CC

Officer/Director Detail:

Title PRESIDENT, PASTOR Title SECRETARY, TREASURER

Name HAMMOCK, DWAIN Name MILLER, SUSAN

Address 6902 SALERNO ROAD Address 331 NORTH GROVE ISLE CIRCLE

City-State-Zip: FORT PIERCE FL 34951 City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR Title DIRECTOR

Name HARNED, ANTHONY Name REXFORD, JOHN

Address 174 S. W. PORT ST. LUCIE BLVD. Address 550 W. FORREST TRAIL

City-State-Zip: PORT ST LUCIE FL 34984 City-State-Zip: VERO BEACH FL 32962

Title DIRECTOR Title DIRECTOR

NameROBINSON, KENNETHNameJACOBSEN, CHRISTIANAddress1225 17TH LANE SWAddressUNIVERSITY LANECity-State-Zip:VERO BEACH FL 32962City-State-Zip:FORT PIERCE FL 34951

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, PASTOR 02/15/2019