

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004216

FILED
Jan 05, 2005
Secretary of State

Entity Name: POWERWIND MINISTRIES, INC.

Current Principal Place of Business:

15925 OLD US HWY 441
TAVARES, FL 32728 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1083
MT DORA, FL 32756 US

New Mailing Address:

FEI Number: 36-3949766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKAMBIS, CHRISTOPHER C
715 VASSAR STREET
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: BEYER, JAMES
Address: PO BOX 428
City-St-Zip: TAVARES, FL 32778

Title: SCD () Delete
Name: BEYER, DENISE
Address: PO BOX 428
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: O'BRIEN, CHRISTOPHER
Address: PO BOX 428
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES BEYER

P

01/05/2005

Electronic Signature of Signing Officer or Director

Date