


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90048 043 ****70.00

DOCUMENT # N02000000221 1. Entity Name FRESH WIND INTERNATIONAL CHURCH, INC.						
Principal Place of Business 1693 S.E. INDIAN ST STUART, FL 34994			Mailing Address 579 SW ASTER ROAD PORT ST LUCIE, FL 34953			
2. Principal Place of Business 579 SW ASTER ROAD		3. Mailing Address Suite, Apt. #, etc.				
City & State PORT ST LUCIE		City & State				
Zip FL		Country 34953		Zip Country		
4. FEI Number 65-1046480				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIVINGSTON, CHRISTOPHER 579 SW ASTER ROAD PORT ST LUCIE, FL 34953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIVINGSTON, CHRISTOPHER 579 SW ASTER ROAD PORT ST LUCIE, FL 34953		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JANICE CHRISTENSEN 4606 PALMETTO DR. FORT PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIVINGSTON, AMBER 579 SW ASTER ROAD PORT ST LUCIE, FL 34953		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANITO, JOE 416 SW HORSESHOE BAY PORT ST LUCIE, FL 34986		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-24-04		772-485-6822	
<small>Date</small>			<small>Daytime Phone #</small>			