



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90423 014 \*\*\*\*70.00

<b>DOCUMENT # N03000003469</b> 1. Entity Name <b>RUSHING WINDS INTERNATIONAL MINISTRIES, INC.</b>					
Principal Place of Business <b>3520 CLEVELANDS HTS. BLVD APT 140 LAKELAND, FL 33803-4877</b>			Mailing Address <b>3520 CLEVELANDS HTS. BLVD APT 140 LAKELAND, FL 33803-4877</b>		
2. Principal Place of Business <b>3520 Cleveland Hts Blvd #140</b> Suite, Apt. #, etc. <b>#140</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc. <b>Same</b>			
City & State <b>Lakeland, FL</b>		City & State <b>Same</b>		4. FEI Number <b>42-1605272</b>	
Zip <b>33803-4877</b>		Country <b>Polk</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BARNUM, EVIT 3520 CLEVELANDS HTS. BLVD APT 140 LAKELAND, FL 33803-4877</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u>Evit Barnum</u> <u>Evit Barnum</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PETERKIN, GERALD 957 SCHOOLHOUSE RD LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, SHAREESE 2026 SOMERVILLE DR LAKELAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, MAC 2026 SOMERVILLE DR LAKELAND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNUM, EVIT 3520 CLEVELANDS HTS. BLVD APT 140 LAKELAND, FL 338034877	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARNUM, ROOSEVELT 3520 CLEVELANDS HTS. BLVD APT 140 LAKELAND, FL 338034877	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELTON, RUBY 853 EDITH AVE #2 LAKELAND, FL 33815	<input type="checkbox"/> Delete			
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: <u>Evit Barnum</u> <u>Evit Barnum</u> <u>4-30-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					