

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005874

FILED  
Jul 03, 2008  
Secretary of State

Entity Name: GOD'S SPIRITWIND MINISTRY, INC.

**Current Principal Place of Business:**

931 STONYBROOK CIRCLE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

931 STONYBROOK CIRCLE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

FEI Number: 26-0388111      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STEWART, SONNY  
931 STONYBROOK CIRCLE  
PORT ORANGE, FL 32127 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KUGLER, RON  
Address: 1335 HOLLY AVENUE  
City-St-Zip: HOLLY HILL, FL 32117 US

Title: VP ( ) Delete  
Name: STEWART, JIM  
Address: 931 STONYBROOK CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: T ( ) Delete  
Name: STEWART, SONNY  
Address: 931 STONYBROOK CIRCLE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: S ( ) Delete  
Name: FOX, CHRISTINE  
Address: 727 N FLAMINGO DRIVE  
City-St-Zip: HOLLY HILL, FL 32117 US

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SONNY STEWART

RA

07/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date