

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005874

FILED
Apr 15, 2009
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 ()

Name and Address of Current Registered Agent:

STEWART, SONNY
931 STONYBROOK CIRCLE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

STEWART, SONNI
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: SONNI STEWART

04/15/2009

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: T (X) Change () Addition
Name: STEWART, SONNI
Address: 931 STONYBROOK CIRCLE
City-St-Zip: PORT ORANGE, FL 32127 US

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: SONNI STEWART

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date