

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N21576** (6)

1. Corporation Name

**MIGHTY WIND MINISTRIES, INC.**

Principal Place of Business

Mailing Address

C/O REV.JAMES C. BYERS III  
609 LAKE AVENUE  
ALTAMONTE SPRINGS FL 32701

C/O REV.JAMES C. BYERS III  
609 LAKE AVENUE  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/15/1987

4. FEI Number

59-2836471

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No N/A

BYERS, JAMES C. III  
609 LAKE AVENUE  
ALTAMONTE SPRINGS FL 32701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BYERS, ESTHER**  
STREET ADDRESS **1007 ATHENS WAY**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **STD** ☐ DELETE

NAME **BYERS, JOAN P.**  
STREET ADDRESS **609 LAKE AVENUE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **D** ☐ DELETE

NAME **HATCHER, DANIEL F**  
STREET ADDRESS **13430 CORAM PEAK**  
CITY-ST-ZIP **40000 OLD BLANCO RD., #114 SAN ANTONIO TX**

TITLE **D** ☐ DELETE

NAME **TYLER, DANIEL**  
STREET ADDRESS **3927 HWY, 441 NORTH**  
CITY-ST-ZIP **PLYMOUTH FL**

TITLE **DC** ☐ DELETE

NAME **BYERS, J. C. J**  
STREET ADDRESS **1007 ATHENS WAY**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **PD** ☐ DELETE

NAME **BYERS, JAMES C.**  
STREET ADDRESS **609 LAKE AVE.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Joan P. Byers, STD (JOAN BYERS)*

4-13-98 (407) 834-9324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)