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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21576

1. Corporation Name
MIGHTY WIND MINISTRIES, INC.

Principal Place of Business
 C/O REV.JAMES C. BYERS III
 609 LAKE AVENUE
 ALTAMONTE SPRINGS FL 32701

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2836471	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, ESTHER	1.2 NAME	
STREET ADDRESS	1007 ATHENS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, JOAN P.	2.2 NAME	
STREET ADDRESS	609 LAKE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, DANIEL F	3.2 NAME	
STREET ADDRESS	13430 CORAM PEAK	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, DANIEL	4.2 NAME	
STREET ADDRESS	3927 HWY, 441 NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, J. C. J	5.2 NAME	
STREET ADDRESS	1007 ATHENS WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, JAMES C.	6.2 NAME	
STREET ADDRESS	609 LAKE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	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, with all other like empowered.

SIGNATURE: *JOAN BYERS* SIGNATURE REQUIRED, *Secy/Pres.* 4-7-99 (407) 834-9324
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)