

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21576

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2836471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HATCHER, DANIEL F**
STREET ADDRESS **13430 CORAM PEAK**
CITY-ST-ZIP **SAN ANTONIO TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOAN P. BYERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 (407) 834-9344
Date Daytime Phone #

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90073 050 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)