

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21576

1. Entity 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-02 (407)834-9324

FILED  
Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90120 027 \*\*\*\*61.25

839223



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)