


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21576</b> 1. Entity Name <b>MIGHTY WIND MINISTRIES, INC.</b>	
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Principal Place of Business <b>C/O REV. JAMES C. BYERS III 609 LAKE AVENUE ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>C/O REV. JAMES C. BYERS III 609 LAKE AVENUE ALTAMONTE SPRINGS, FL 32701</b>
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2836471</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BYERS, JAMES C. III 609 LAKE AVENUE ALTAMONTE SPRINGS, FL 32701</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, ESTHER 1007 ATHENS WAY SUN CITY CENTER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BYERS, JOAN P. 609 LAKE AVENUE ALTAMONTE SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHER, DANIEL F 13430 CORAM PEAK SAN ANTONIO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, DANIEL 3927 HWY, 441 NORTH PLYMOUTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BYERS, J. C. J 1007 ATHENS WAY SUN CITY CENTER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYERS, JAMES C. 609 LAKE AVE. ALTAMONTE SPRINGS, FL

U000000316406  
04/19/05-80076-008 61.25

**DO NOT WRITE IN THIS SPACE**

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 - STD Joan P. Byers 4-5-05 (407) 834-9224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #