


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90093 030 ****61.25

DOCUMENT # N21576		
1. Entity Name MIGHTY WIND MINISTRIES, INC.		

Principal Place of Business C/O REV JAMES C. BYERS III JOAN BYERS 609 LAKE AVENUE ALTAMONTE SPRINGS, FL 32701	Mailing Address C/O REV JAMES C. BYERS III JOAN BYERS 609 LAKE AVENUE ALTAMONTE SPRINGS, FL 32701
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60028495



2. Principal Place of Business		3. Mailing Address		4082006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2836471		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BYERS, JAMES C III JOAN 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joan Byers* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYERS, ESTHER 1007 ATHENS WAY SUN CITY CENTER, FL <i>SEE SUPP. SHEET</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BYERS, JOAN P. 609 LAKE AVENUE ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHER, DANIEL F 13430 CORAM PEAK SAN ANTONIO, TX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYLER, DANIEL 3927 HWY, 441 NORTH PLYMOUTH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BYERS, J.C.J. 1007 ATHENS WAY SUN CITY CENTER, FL <i>SEE SUPP. SHEET</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYERS, JAMES C. 609 LAKE AVE. ALTAMONTE SPRINGS, FL <i>SEE SUPP. SHEET</i>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Byers* **JOAN BYERS** **4-20-06 (907)834-9324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60028495

#121576

SUPPLEMENTAL SHEET FOR
MIGHTY WIND MINISTRIES, INC.
609 Lake Ave.
Altamonte Springs, FL 32701

There are some changes to be made for this Annual Report:

Rev. James C. Byers, III is deceased March 31, 2006

The new Board of Directors is as follows:

Joan P. Byers, President, Secretary, Treasurer
609 Lake Ave.,
Altamonte Springs, FL 32701

Esther Byers, Director
Shannondale, #513
801 Vanosdale Rd.
Knoxville, TN 37909

Daniel Hatcher, Director
13430 Coram Peak
San Antonio, TX

Dr. Daniel Tyler, Director
3927 Hwy. 441 North
Plymouth, FL

Peggy Linton, Director, Chairman
441 E. Hillcrest St.
Altamonte Springs, FL 32701

Brenda Miller, Director
8004 Bennington Rd.
Knoxville, TN 37919