

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005660 (4)**

1. Corporation Name

WHIRLWIND MINISTRIES, INC.



Principal Place of Business

Mailing Address

**4470 NORTHGATE COURT
SARASOTA FL 34234**

**4470 NORTHGATE COURT
SARASOTA FL 34234**

3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4460 Northgate Court

26 4460 Northgate Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65 - 0375489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRUBLE, DONALD DR
4470 NORTHGATE COURT
SARASOTA FL 34234**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **STRUBLE, DONALD W DR**
STREET ADDRESS **4470 NORTH GATE COURT**
CITY-ST-ZIP **SARASOTA FL 34234**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Wynne, C. Gilbert**
1.3 STREET ADDRESS **4460 Northgate Court**
1.4 CITY-ST-ZIP **Sarasota, FL 34234**

TITLE **VSD** ☐ DELETE
NAME **WYNNE, C. GILBERT**
STREET ADDRESS **1910 ROLLING GREEN CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34240**

2.1 TITLE **VSD** ☒ Change ☐ Addition
2.2 NAME **Merrell, Eugenie**
2.3 STREET ADDRESS **8101 Stone Road**
2.4 CITY-ST-ZIP **Apopka, FL 32703**

TITLE **TD** ☐ DELETE
NAME **RUSHING, JOHN D**
STREET ADDRESS **4924 STEEL DUST LANE**
CITY-ST-ZIP **LUTZ FL 33549**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **Struble, Donald W.**
3.3 STREET ADDRESS **4470 Northgate Court**
3.4 CITY-ST-ZIP **Sarasota, FL 34234**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W. Struble
Treasurer

6-10-96

941-365-8115

Date

Daytime Phone #