

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90007 003 \*\*\*\*70.00

**DOCUMENT # N97000005887**

1. Entity Name

**WIND OF THE SPIRIT OUTREACH, INC.**



Principal Place of Business

PO BOX 1779  
LOT 8 OLD TOWER COMMERCE  
OLDTOWN FL 32680

Mailing Address

382 SW 311 AVE  
STEINHATCHEE FL 32359

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3473360**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORBIN, THEADUS A**  
**382 SW 311 AVE**  
**STEINHATCHEE FL 32359**

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

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**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CORBIN, THEADUS A  
STREET ADDRESS 382 SW 311 AVE  
CITY- ST- ZIP STEINHATCHEE FL 32359 ☐ Delete

TITLE VD  
NAME CORBIN, NANCY BENITA  
STREET ADDRESS 382 SW 311 AVE  
CITY- ST- ZIP STEINHATCHEE FL 32359 ☐ Delete

TITLE STD  
NAME ALLEN, LYNETTE E  
STREET ADDRESS RT 3 BOX 277  
CITY- ST- ZIP OLD TOWN FL 32680 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE STD  
NAME APRIL GENSHER  
STREET ADDRESS 1016 Chester Woods CT  
CITY- ST- ZIP GRIFIN, GA 30223 ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Theadus A. Corbin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 20 2008 352-498-0499**