

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0016796

DOCUMENT # N98000001209

1. Entity Name

THE WIND MINISTRIES, INCORPORATED

04-30-2001 90360 023 ****61.25

Principal Place of Business

135 EDGEWOOD TERRACE
 SANTA ROSA BEACH FL 32459

Mailing Address

135 EDGEWOOD TERRACE
 SANTA ROSA BEACH FL 32459

C0054803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407 Tallavana Trl

3. Mailing Address

407 Tallavana Trl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Havana, FL

City & State

Havana, FL

4. FEI Number

59-3497829

Applied For

Not Applicable

Zip

32333

Country

US

Zip

32333

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAULTER, CHRISTINE E
 135 EDGEWOOD TERRACE
 SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name Sautler, Christine E.

Street Address (P.O. Box Number is Not Acceptable)
 407 Tallavana Trl

City Havana

FL

Zip Code 32333

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 *Christine E. Sautler*

2/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAULTER, JAMES A	
STREET ADDRESS	135 EDGEWOOD TERRACE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SAULTER, CHRISTINE E	
STREET ADDRESS	135 EDGEWOOD TERRACE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUNNELS, CLAY	
STREET ADDRESS	2310 DON ANDRES	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sautler, James A	
STREET ADDRESS	407 Tallavana Trl	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sautler, Christine E	
STREET ADDRESS	407 Tallavana Trl	
CITY-ST-ZIP	Havana, FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James Sautler*

James Sautler President 2/10/01

850-539-4715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)