## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001209

Entity Name: THE WIND MINISTRIES, INCORPORATED

FILED Apr 14, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

407 TALLAVANA TRL 9013 BOB O' LINK CT HAVANA, FL 32333 TALLAHASSEE, FL 32312

**Current Mailing Address: New Mailing Address:** 

407 TALLAVANA TRL 2232 CROSS CREEK EST HAVANA, FL 32333 UNION, MO 63084

FEI Number: 59-3497829 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SAULTER, CHRISTINE E DUSOE, SUSAN 407 TALLÁVANA TRL 9013 BÓB O' LINK CT HAVANA, FL 32333 TALLAHASSEE, FL 32312 US

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: SUSAN DUSOE 04/14/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

RUNNELS, CLAY

Name:

() Delete

(X) Change ( ) Addition SAULTER, JAMES A SAULTER, JAMES A Name: Name: 407 TALLAVANA TRL Address: 2232 CROSS CREEK EST Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip: UNION, MO 63084

Title: ( ) Delete Title: (X) Change ( ) Addition Name: SAULTER, CHRISTINE E Name: SAULTER, CHRISTINE E Address: 407 TALLAVANA TRL Address: 2232 CROSS CREEK EST City-St-Zip: HAVANA, FL 32333 City-St-Zip: UNION, MO 63084

Title: () Delete Title: (X) Change ( ) Addition

1517 WINDMILL POINTE RD Address: 2310 DON ANDRES Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

RUNNELS, CLAY

SIGNATURE: JAMES A SAULTER PD 04/14/2005