

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001209

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** THE WIND MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

9013 BOB O' LINK CT  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

47 COVINGTON CIR  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

2232 CROSS CREEK EST  
UNION, MO 63084

**New Mailing Address:**

47 COVINGTON CIR  
CRAWFORDVILLE, FL 32327

**FEI Number:** 59-3497829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUSOE, SUSAN  
9013 BOB O' LINK CT  
TALLAHASSEE, FL 32312 US

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

DUSOE, SUSAN  
8013 BOB O' LINK CT  
TALLAHASSEE, FL 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:

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAULTER, JAMES A  
Address: 2232 CROSS CREEK EST  
City-St-Zip: UNION, MO 63084

Title: STD ( ) Delete  
Name: SAULTER, CHRISTINE E  
Address: 2232 CROSS CREEK EST  
City-St-Zip: UNION, MO 63084

Title: D ( ) Delete  
Name: RUNNELS, CLAY  
Address: 1517 WINDMILL POINTE RD  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: JAMES A SAULTER

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date