

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001209

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

47 COVINGTON CIR  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

47 COVINGTON CIR  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

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  
8013 BOB O' LINK CT  
TALLAHASSEE, FL US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SAULTER, JAMES A  
Address: 47 COVINGTON CIR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: STD  
Name: SAULTER, CHRISTINE E  
Address: 47 COVINGTON CIR  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES SAULTER

PD

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date