2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001209

Entity Name: THE WIND MINISTRIES, INCORPORATED

FILED Apr 28, 2003 Secretary of State

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

407 TALLAVENA TRL HAVANA, FL 32333 407 TALLAVANA TRL HAVANA, FL 32333

Current Mailing Address: New Mailing Address:

407 TALLAVENA TRL HAVANA, FL 32333 407 TALLAVANA TRL HAVANA, FL 32333

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

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

SAULTER, CHRISTINE E
407 TALLAVENA TRL
HAVANA, FL 32333

SAULTER, CHRISTINE E
407 TALLAVANA TRL
HAVANA, FL 32333

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: 04/28/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SAULTER, JAMES A
 Name:
 SAULTER, JAMES A

 Address:
 407 TALLAVENA TRL
 Address:
 407 TALLAVANA TRL

 City-St-Zip:
 HAVANA, FL 32333
 City-St-Zip:
 HAVANA, FL 32333

Title: STD () Delete Title: STD (X) Change () Addition Name: SAULTER, CHRISTINE E SAULTER, CHRISTINE E

Address: 407 TALLAVENA TRL
City-St-Zip: HAVANA, FL 32333 City-St-Zip: HAVANA, FL 32333

Title: D () Delete Title: () Change () Addition

 Name:
 RUNNELS, CLAY
 Name:

 Address:
 2310 DON ANDRES
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

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.

SIGNATURE: JAMES A SAULTER PD 04/28/2003