

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000001209

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: THE WIND MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

407 TALLAVENA TRL  
HAVANA, FL 32333

**New Principal Place of Business:**

407 TALLAVANA TRL  
HAVANA, FL 32333

**Current Mailing Address:**

407 TALLAVENA TRL  
HAVANA, FL 32333

**New Mailing Address:**

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:**

SAULTER, CHRISTINE E  
407 TALLAVENA TRL  
HAVANA, FL 32333

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

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:**

Title: PD ( ) Delete  
Name: SAULTER, JAMES A  
Address: 407 TALLAVENA TRL  
City-St-Zip: HAVANA, FL 32333

Title: STD ( ) Delete  
Name: SAULTER, CHRISTINE E  
Address: 407 TALLAVENA TRL  
City-St-Zip: HAVANA, FL 32333

Title: D ( ) Delete  
Name: RUNNELS, CLAY  
Address: 2310 DON ANDRES  
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: PD (X) Change ( ) Addition  
Name: SAULTER, JAMES A  
Address: 407 TALLAVANA TRL  
City-St-Zip: HAVANA, FL 32333

Title: STD (X) Change ( ) Addition  
Name: SAULTER, CHRISTINE E  
Address: 407 TALLAVANA TRL  
City-St-Zip: HAVANA, FL 32333

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

Electronic Signature of Signing Officer or Director

Date