

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90002 016 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000003012 *R*

1. Entity Name
Spirit Wind Ministries, Inc.

Principal Place of Business **Mailing Address**

2600 Michigan Ave #42B 2600 Michigan Ave #42B
Pensacola, FL 32526 Pensacola, FL 32526

2. Principal Place of Business **3. Mailing Address**

9540 Winner Road 9540 Winner Road
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Independence, MO Independence, MO

Zip **Country** **Zip** **Country**

64053 Jackson 64053 Jackson

4. FEI Number **Applied For**

59-3512900 ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Hughett, Georgia **Name**
2600 Michigan Ave #42B Jimmy Weaver
Pensacola, FL 32526 **Street Address (P.O. Box Number is Not Acceptable)**
205 N. 59th Avenue

City **FL** **Zip Code**

Pensacola 32506

8. 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.

Jimmy Weaver
SIGNATURE Jimmy Weaver, Accountant **DATE** 6/16/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**

(See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** Trust Fund Contribution. ☐

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME Hughett, Georgia STREET ADDRESS 2600 Michigan Ave #42B CITY-ST-ZIP Pensacola, FL 32526	<input type="checkbox"/> Delete	TITLE D NAME 9540 Winner Road STREET ADDRESS Independence, MO 64053 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Wiggs, Bill STREET ADDRESS 401 South Silvertop CITY-ST-ZIP Raymore, MO 64083	<input type="checkbox"/> Delete	TITLE D NAME Manuel, Glenda STREET ADDRESS 5025 N 23rd Street CITY-ST-ZIP Ozark, MO 65721	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Manuel, Glenda STREET ADDRESS 5639 S Franklin Ave CITY-ST-ZIP Springfield, MO 65810	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Georgia Hughett* **DATE** 6-07-00 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)