

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009749

Entity Name: FRESHWIND A MINISTRY OF MT. ZURA FGBC,
INCORPORATED**Current Principal Place of Business:**25258 NW 2ND AVE.
NEWBERRY, FL 32669**Current Mailing Address:**25258 NW 2ND AVE.
NEWBERRY, FL 32669 US**FEI Number:** 59-3665096**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INGRAM, OTTO
25142 NW 7TH AVE
NEWBERRY, FL 32669 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:** OTTO INGRAM

02/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR

Name WATSON, GAIL

Address 25055 NW 7TH AVE

City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR

Name WATSON, WILLIE LEE

Address 25055 NW 7TH AVE

City-State-Zip: NEWBERRY FL 32669

Title CHAIRPERSON, DIRECTOR

Name INGRAM, OTTO

Address 25142 NW 7TH AVE

City-State-Zip: NEWBERRY FL 32669

Title VP, DIRECTOR

Name WILLIAMS, WAYNE

Address 25408 SW 17TH AVE.

City-State-Zip: NEWBERRY FL 32669

Title SECRETARY, DIRECTOR

Name MAY, DIANE

Address P.O. BOX 1530

City-State-Zip: NEWBERRY FL 32669

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: GAIL WATSON

TREASURER

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date