


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 734387
 1. Entity Name
 THE HOLY WAY, INC.



Principal Place of Business
 P.O. BOX 641
 PAHOKEE, FL 33476

Mailing Address
 P.O. BOX 641
 PAHOKEE, FL 33476

DO NOT WRITE IN THIS SPACE



02212004 No Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1631919 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, J.D.
 1568 E. MAIN ST.
 PAHOKEE, FL 33476

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J.D. Miller J.D. Miller 2/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MILLER, J.D.
STREET ADDRESS	1568 E MAIN ST
CITY-ST-ZIP	PAHOKEE, FL
TITLE	D
NAME	HATFIELD, KYLE
STREET ADDRESS	754 FERN
CITY-ST-ZIP	PAHOKEE, FL
TITLE	VD
NAME	HATFIELD, LARRY E.
STREET ADDRESS	388 ANNONA
CITY-ST-ZIP	PAHOKEE, FL
TITLE	P
NAME	EUGENE LASSITER, DAVIS
STREET ADDRESS	P.O. BOX 485
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	D
NAME	HUNTER, RODGER
STREET ADDRESS	P.O. BOX 734
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/25/04-80004-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.D. Miller J.D. Miller 2/21/04 561-94-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #