2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008199

City-St-Zip:

Entity Name: CHRISTIAN WAY MINISTRIES, INC.

FILED Mar 20, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1295 67TH MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
19274 N.W PEMBROK	/. 12 ST. Œ PINES, FL	33029			
FEI Number:	65-1079669	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
WYCHE, K 19274 N.W PEMBROK		33029			
The above in the State		submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S,D () GRAHAM, PATS 18820 NW 14 A MIAMI, FL 3316	VENUE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MARTIN, FRANI 300 NW 145TH MIAMI, FL 3310	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C,D () WYCHE, FREE 1295 NW 67TH MIAMI, FL 3314	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MADISON, DAV 9200 NW 12TH MIAMI, FL 331	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T,D ()	Delete	Title:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: WYCHE, KERMIT T, D 03/20/2003

PEMBROKE PINES, FL 33029 US