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Apr 23 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000112 (0)

1. Corporation Name

THE WAY INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

Mailing Address

1157 OAK TREE CIRCLE
ALTAMONTE SPRINGS FL 32714

1157 OAK TREE CIRCLE
ALTAMONTE SPRINGS FL 32714-1833

3. Date Incorporated or Qualified
01/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 617 E. Club Circle
Suite, Apt. #, etc.

26 617 E. Club Circle
Suite, Apt. #, etc.

4. FEI Number

Applied For

59-3364152

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State

27 City & State

23 Longwood, FL
Zip Country

28 Longwood, FL
Zip Country

24 32779

25

29 32779

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, KAREN L
1157 OAK TREE CIRCLE
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

617 E. Club Circle

83

84 City

Longwood,

FL

85 Zip Code

32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HART, KAREN L
STREET ADDRESS 1157 OAK TREE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 617 E. Club Circle
1.4 CITY-ST-ZIP Longwood, FL 32779

TITLE VD
NAME HART, JANICE S
STREET ADDRESS 1157 OAK TREE CIRCLE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 617 E. Club Circle
2.4 CITY-ST-ZIP Longwood, FL 32779

TITLE STD
NAME BOWERS, FREEDA E
STREET ADDRESS 477 PICKFORD POINT
CITY-ST-ZIP LONGWOOD FL 32779 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)