

AMENDED
**2004 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MILLER, J.D.
1568 E MAIN ST **PO Box 2379**
PAHOKEE FL **Crystal River, FL 34423**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HATFIELD, KYLE
754 PERIN **7618 N Shillelagh Ave**
PAHOKEE FL **Crystal River, FL 34428**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HATFIELD, LARRY E.
388 ANNONA **7618 N Shillelagh Ave**
PAHOKEE FL **Crystal River, FL 34428**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEVINS, G.J.
2651 BACOM PT RD
PAHOKEE FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200037433312
05/28/04-01053-006 ****\$1.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP **Rodger Hunter**
785 BACOM PT RD **7618 N Shillelagh Ave**
PAHOKEE, FL 33476 **Crystal River, FL 34428**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2004

Date

561-924-5827

Daytime Phone #

CR2E037 (10/02)

0081671

FILED

04 MAY 21 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES