

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012102

Entity Name: BROOK IN THE WAY EVANGELISTIC MINISTRIES, INC.**Current Principal Place of Business:**4048 DUNCAN LANE
TALLAHASSEE, FL 32303**Current Mailing Address:**2844 BOTANY PLACE
TALLAHASSEE, FL 32301 US**FEI Number:** 42-1748173**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMES-ROBINSON, CASSONDRA L.
309 REYNOLDS RD.
QUINCY, FL 32351 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name CHAMBERS, DELTON N
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name CHAMBERS, DUNK JR
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name TENNYSON, TONY
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name GAINES, CLEVA
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Title CHAIRMAN
Name MANN, SHANTIELLA
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name DAVIS, STEPHAN
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name HARRIS, MONTRAIL
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name RANDALL , SHERONDA
Address 4048 DUNCAN LANE
City-State-Zip: TALLAHASSEE FL 32303

Continues on page 2

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: CHAMBERS, DELTON N

PRESIDENT/ CEO

04/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CAGLE, LAKITA
Address	4048 DUNCAN LANE
City-State-Zip:	TALLAHASSEE FL