2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2024
Secretary of State
2410500887CC

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: DELTON N CHAMBERS PRESIDENT 03/02/2024

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