

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001341

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC0266232386**

**Entity Name:** THE INFINITE WAY OF THE MARTIAL ARTS, INC.

**Current Principal Place of Business:**

908 WEST 9TH STREET  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

908 WEST 9TH STREET  
RIVIERA BEACH, FL 33404 US

**FEI Number:** 65-0676317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURNEY, DENISE M  
908 WEST 9TH STREET  
RIVIERA BEACH, FL 33404 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 D  
Name WILLIAMS, DAVID A  
Address 908 WEST 9TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title D  
Name BURNEY, DENISE M  
Address 908 WEST 9TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title O  
Name MCCRAY, ROBERT L  
Address 1025 BIG TORCH STREET  
City-State-Zip: RIVIERA BEACH FL 33407

Title O  
Name GRAY-LEWIS, LECIA  
Address 4000 HEATH CIRCLE SO  
City-State-Zip: WEST PALM BEACH FL 33407

Title ST  
Name MOULTRIE, RANGELIQUE M  
Address 1025 BIG TORCH STREET  
City-State-Zip: RIVIERA BEACH FL 33407

*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:** DENISE M. BURNEY

**DIRECTOR**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date