FILED FILE NOW: FILING FEE IS \$61.25 Mar 12 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (4)THE HOLY WAY, INC. Principal Place of Business Mailing Address 133 S. LAKE AVE. 133 S. LAKE AVE. 3. Date Incorporated or Qualified P.O.BOX 641 P.O.BOX 641 <u>11/19/1975</u> PAHOKEE FL 33476 PAHOKEE FL 33476 4. FEI Number Applied For Not Applicable 59-1631919 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Ш 26 21 Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 🛂 Yes 🔲 No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** MILLER, J.D. 82 Street Address (P.O. Box Number is Not Acceptable) 1568 E. MAIN ST. PAHOKEE FL 33476 84 City Zip Code 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

3/6/98 require SIGNATURE hen reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE STD 1.1 TITLE MILLER, J.D. NAME 1.2 NAME 1568 E MAIN ST STREET ADDRESS 1.3 STREET ADDRESS PAHOKEE FL CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition HATFIELD.KYLE 2.2 NAME **754 FERN** STREET ADDRESS 2.3 STREET ADDRESS PAHOKEE FL CITY-ST-ZIP 2. 4 CITY ST ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE HATFIELD, LARRY E. 32 NAME 388 ANNONA STREET ADDRESS 3.3 STREET ADDRESS PAHOKEE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE LEVINS, G J 4. 2 NAME STREET ADDRESS 2651 BACOM PT RD 4.3 STREET ADDRESS PAHOKEE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition NAMÉ 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

6.4 CITY-S1-ZIP
14. 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 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

O D Smeller (1 HIF HEOURE)

1/1. Tax

TH 561-924-5227