AMENDED

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

0081671

DOCUMENT # 734387

1. Entity Name

THE HOLY WAY, INC.

FILED
04 MAY 21 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O.BOX 641 PAHOKEE FL 33476	P.O.BOX 641 PAHOKEE FL 33476

☑ CHECK HERE IF MAKING CHANGES

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
MILLER, J.D. 1568 E. MAIN ST. PAHOKEE FL 33476	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 1/22/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER,J.D.		NAME	
STREET ADDRESS	~~1568 E MAIN ST~~	PO Box 2379	STREET ADDRESS	200037433312
CITY-ST-ZIP	~~PAHOKEE FL~~	Crystal River, Fl 34423	CITY-ST-ZIP	05/28/04 01053 006 **61.25
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HATFIELD,KYLE		NAME	
STREET ADDRESS	~~754 FERN~~	7618 N Shillelagh Ave	STREET ADDRESS	
CITY-ST-ZIP	~~PAHOKEE FL~~	Crystal River, Fl 34428	CITY-ST-ZIP	
TITLE	~~VP~~ P	☐ Delete	TITLE	P ☐ Change ☐ Addition
NAME	HATFIELD, LARRY E.		NAME	
STREET ADDRESS	~~388 ANNONA~~	7618 N Shillelagh Ave	STREET ADDRESS	
CITY-ST-ZIP	~~PAHOKEE FL~~	Crystal River, Fl 34428	CITY-ST-ZIP	
TITLE	P	☑ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	~~LEVINS, G J~~		NAME	Rodger Hunter
STREET ADDRESS	~~2651 BACOM PT RD~~		STREET ADDRESS	~~485 Bacom Pt Rd~~ 7618 N Shillelagh Ave
CITY-ST-ZIP	~~PAHOKEE FL~~		CITY-ST-ZIP	~~Pahokee, Fl. 33476~~ Crystal River, Fl 34428
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037 (10/02)

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: J D Miller SIGNATURE REQUIRED 1/27/2004 561-924-5827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #