

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90271 011 *****61.25

DOCUMENT # 744098

1. Entity Name

HIS WAY TEACHING MINISTRY, INC.

Principal Place of Business

**C/O D FREEMAN
 5250 US HWY 17/92
 CASSELBERRY FL 32707-3845**

Mailing Address

**C/O D FREEMAN
 5250 US HWY 17/92
 CASSELBERRY FL 32707-3845**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1854374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, DANIEL C JR
 5250 S US HWY 17/92
 CASSELBERRY FL 32707-3845**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **BROWN, B G**
 STREET ADDRESS **196 NW HWY M**
 CITY-ST-ZIP **CLINTON MO 64735**

TITLE **D** ☐ Delete
 NAME **BROWN, DIANE M**
 STREET ADDRESS **196 NW HWY M**
 CITY-ST-ZIP **CLINTON MO 64735**

TITLE **DV** ☒ Delete
 NAME **RINER, BRUCE**
 STREET ADDRESS **919 GRAN PASEO**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **DS** ☒ Delete
 NAME **MCDONNELL, PAT**
 STREET ADDRESS **1707 BUNKER HILL CT**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **DT** ☒ Delete
 NAME **HENDERSON, CHERYL**
 STREET ADDRESS **4966 WHALES WAY**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition
 NAME **HOUSE, ROGER**
 STREET ADDRESS **1800 Deer Run**
 CITY-ST-ZIP **Clinton, Mo 64735**

TITLE **DS** ☐ Change ☒ Addition
 NAME **HOUSE, JANELLE**
 STREET ADDRESS **1800 Deer Run**
 CITY-ST-ZIP **Clinton, Mo 64735**

TITLE **D** ☐ Change ☒ Addition
 NAME **HELBLING, BILL**
 STREET ADDRESS **221 Sellman**
 CITY-ST-ZIP **Warrensburg, Mo 64093**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: B.G. Brown

2/27/02 660/890-2914

CR2E037 (9/01)