

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744098

Entity Name: HIS WAY TEACHING MINISTRY, INC.

FILED  
Apr 19, 2004  
Secretary of State

## Current Principal Place of Business:

C/O D FREEMAN  
5250 US HWY 17/92  
CASSELBERRY, FL 327073845

## New Principal Place of Business:

## Current Mailing Address:

C/O D FREEMAN  
5250 US HWY 17/92  
CASSELBERRY, FL 327073845

## New Mailing Address:

FEI Number: 59-1854374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREEMAN, DANIEL C JR  
5250 S US HWY 17/92  
CASSELBERRY, FL 327073845 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROWN, B G  
Address: 196 NW HWY M  
City-St-Zip: CLINTON, MO 64735

Title: DT ( ) Delete  
Name: BROWN, DIANE M  
Address: 196 NW HWY M  
City-St-Zip: CLINTON, MO 64735

Title: DV ( ) Delete  
Name: HOUSE, ROGER  
Address: 1800 DEER RUN  
City-St-Zip: CLINTON, MO 64735

Title: DS ( ) Delete  
Name: HOUSE, JANELLE  
Address: 1800 DEER RUN  
City-St-Zip: CLINTON, MO 64735

Title: D ( ) Delete  
Name: HELBLING, BILL  
Address: 221 SELLMAN  
City-St-Zip: WARRENSBURG, MO 64093

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DIANE M BROWN

DT

04/19/2004

Electronic Signature of Signing Officer or Director

Date