

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744098

FILED
Feb 08, 2006
Secretary of State

Entity Name: HIS WAY TEACHING MINISTRY, INC.

Current Principal Place of Business:

C/O D FREEMAN
128 OXFORD RD
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

C/O D FREEMAN
128 OXFORD RD
FERN PARK, FL 32730

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
128 OXFORD RD
FERN PARK, FL 32730 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 Chapter 119, 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: B. G. BROWN

PD

02/08/2006

Electronic Signature of Signing Officer or Director

Date