

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-19-2001 90002 001 ****62.00

DOCUMENT # N00000005278

1. Entity Name

PEOPLE OF THE WAY MINISTRY INC.

Principal Place of Business

Mailing Address

4731 N W 10TH CT #102
 PLANTATION FL 33313

4731 N W 10TH CT #102
 PLANTATION FL 33313

- 43923

2. Principal Place of Business

3. Mailing Address

4731 NW 10th Ct 102

4731 NW 10th Ct 102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

102



DO NOT WRITE IN THIS SPACE

City & State

City & State

Plantation FLA

Plantation FLA

4. FEI Number

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

MATHIS, TROY LEE
 4731 N W 10TH CT #102
 PLANTATION FL 33313

Name Troy L Mathis

Street Address (P.O. Box Number is Not Acceptable)

4731 NW 10th Ct 102

City Plantation

FL

Zip Code

33313

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 (handwritten or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE	President	<input type="checkbox"/> Delete
NAME	Troy L Mathis	
STREET ADDRESS	4731 NW 10th Ct	
CITY-ST-ZIP	Plantation FLA 33313	
TITLE	Secretary Vice President	<input type="checkbox"/> Delete
NAME	Shemadine Cash	
STREET ADDRESS	Plantation 4731 NW 10th Ct	
CITY-ST-ZIP	Plantation 33313	
TITLE	Stanton	<input type="checkbox"/> Delete
NAME	Frank Matthews	
STREET ADDRESS	4891 75 Ave	
CITY-ST-ZIP	Lauderhill FLA 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-01

CR2E037 (10/00)