

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005278

1. Entity Name

PEOPLE OF THE WAY MINISTRY INC.

Principal Place of Business

4731 N.W. 10TH CT #102
PLANTATION FL 33313

Mailing Address

4731 N W 10TH CT #102
PLANTATION FL 33313

2. Principal Place of Business

4731 NW 10th CT

3. Mailing Address

4731 NW 10th CT

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Plantation FLA

City & State

Plantation FLA

Zip

33313

Country

Brow

Zip

33313

Country

Brow

6. Name and Address of Current Registered Agent

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

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-02

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
NAME MATHIS, TROY L ☐ Delete
STREET ADDRESS 4731 NW 10TH CT
CITY-ST-ZIP PLANTATION FL 33313

TITLE VPT
NAME CASH, GERALDINE ☐ Delete
STREET ADDRESS 4731 NW 10TH CT
CITY-ST-ZIP PLANTATION FL 33313

TITLE ST
NAME MATTHEWS, FRANK ☐ Delete
STREET ADDRESS 4891 75 AVENUE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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:

[Signature]

Signature and typed or printed name of signing officer or director

4-13-002

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91498 030 ****62.00



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)