

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90959 047 ****64.00

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

People of the way min

3. Mailing Address

4731 NW 10th ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation FL

Plantation FL

Zip

33313

Country

Browder

Zip

3313

Country

Browder

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

April 7 - 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **ST** ☐ Delete
NAME **MATTHEWS, FRANK**
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

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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 life empowered.

SIGNATURE:

[Signature]

April 22 - 2003

CR2E037 (10/02)