2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# N00000008199

Entity Name: CHRISTIAN WAY MINISTRIES, INC.

Current Principal Place of Business:

1295 NW 67TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

19274 N.W. 12 ST.
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-1079669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WYCHE, KERMIT
19274 N.W. 12 ST.
PEMBROKE PINES, FL 33029 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: S,D ( ) Delete
Name: GRAHAM, PATSY
Address: 2627 SW 189TH AVENUE
City-St-Zip: MIRAMAR, FL 33029 US

Title: D ( ) Delete
Name: MARTIN, FRANK
Address: 300 NW 145TH STREET
City-St-Zip: MIAMI, FL 33168 US

Title: C,D ( ) Delete
Name: WYCHE, FREEMAN T DR.
Address: 1295 NW 67TH STREET
City-St-Zip: MIAMI, FL 33147 US

Title: D ( ) Delete
Name: MADISON, DAVIE J
Address: 9200 NW 12TH AVENUE
City-St-Zip: MIAMI, FL 33150 US

Title: T,D ( ) Delete
Name: WYCHE, KERMIT T
Address: 19274 NW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

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: KERMIT T. WYCHE T,D 07/06/2005

Electronic Signature of Signing Officer or Director — Date