

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 29, 2002 8:00 am**  
**Secretary of State**

07-29-2002 90009 046 \*\*\*\*61.25

**DOCUMENT # N01000005990**

1. Entity Name

**SACRED WAY MINISTRIES, INC.**

Principal Place of Business

**615 EAST PALMETTO AVENUE  
 MELBOURNE FL 32901**

Mailing Address

**615 EAST PALMETTO AVENUE  
 MELBOURNE FL 32901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**31-1805540**

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

**O'BRIEN, JAMES M ESQ  
 LAW OFFICES OF O'BRIEN RIEMENSCHNEIDER PA  
 1686 WEST HIBISCUS BLVD  
 MELBOURNE FL 32901**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>D</b>	<b>KUDINGER, HAZEL</b>	<b>615 EAST PALMETTO AVENUE MELBOURNE FL 32901</b>	<input checked="" type="checkbox"/> Delete			
	<b>D</b>	<b>RYAN, BARBARA</b>	<b>615 EAST PALMETTO AVENUE MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete			
	<b>D</b>	<b>VANN, DEBORAH</b>	<b>615 EAST PALMETTO AVENUE MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete			
	<b>D</b>	<b>KALINYAK, DEBBIE</b>	<b>615 EAST PALMETTO AVENUE MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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 REQUIRED**

7/24/02 321-733-2685

CR2E037 (4/02)