

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000005990

1. Entity Name
SACRED WAY MINISTRIES, INC.



Principal Place of Business
1369 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS, FL 32714

Mailing Address
1369 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS, FL 32714



04112006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

KALINYAK, DEBORAH
1369 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS, FL 32714

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RYAN, BARBARA
STREET ADDRESS	615 EAST PALMETTO AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	VANN, DEBORAH
STREET ADDRESS	615 EAST PALMETTO AVENUE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	KALINYAK, DEBBIE
STREET ADDRESS	1369 BLACK WILLOW TRAIL
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000508556
04/28/06-80010-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Deborah Kalinyak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/06 (407) 523-4970