8/25/2002-90217-04

FILED
Sep 12, 2002 8:00 am
Secretary of State
08-25-2002 90217 041 ****61.25

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

DOCUMENT # N01000006434

1. Entity Name
God's Way Christian Ministries, In

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
771 NE Beal Pkwy	13 NE Eglin Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. #122
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32547 Country: U.S.A.	Zip: 32548 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-375-1039 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kathleen M. Peck

Street Address (P.O. Box Number is Not Acceptable): 13 NE Eglin Pkwy, #122

City: Ft. Walton Beach FL Zip Code: 32548

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: Kathleen M. Peck (KathleenM. Peck), August 21, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing this) DATE

FEE IS $61.25 Initial or Amended UBR	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D: President / Pastor Byrl I. Peck 13 NE Eglin Pkwy, #122 Ft. Walton Beach, FL 32548	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D: Vice-President / Minister of Music Kathleen M. Peck 13 NE Eglin Pkwy, #122 Ft. Walton Beach, FL 32548	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D: Secretary Torval J. Peck 13 NE Eglin Pkwy, #122 Ft. Walton Beach, FL 32548	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen M. Peck, Vice-President (Kathleen M. Peck) August 21, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #