

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90185 043 \*\*\*\*70.00

**DOCUMENT # N01000006434**

1. Entity Name  
**GOD'S WAY CHRISTIAN MINISTRIES INC.**



Principal Place of Business  
29 NE PACETRACK RD.  
FORT WALTON BEACH, FL 32547

Mailing Address  
29 NE PACETRACK RD.  
FORT WALTON BEACH, FL 32547

2. Principal Place of Business  
**29 NE Racetrack Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**13 NE Eglin Pkwy, #122**  
Suite, Apt. #, etc.



02202004 Chg-NP CR2E037 (10/03)

City & State  
**Ft. Walton Beach, FL**  
Zip **32547** Country **USA**

City & State  
**Ft. Walton Beach, FL**  
Zip **32548** Country **USA**

4. FEI Number  
**59-3751039**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PECK, KATHLEEN M**  
**13 NE EGLIN PKWY #122**  
**FORT WALTON BEACH, FL 32548**

**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 **Kathleen M. Peck** (Kathleen M. Peck)

**4/15/04**  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPP PECK, BYRL 13 NE EGLIN PKWY #122 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPM PECK, KATHLEEN M 13 NE EGLIN PKWY #122 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PECK, TORVAL J 13 NE EGLIN PKWY #122 FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKES, ALEXANDER A 131 DONELLA SAN ANTONIO, TX 78232 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, HELEN 818 MEADOW LANE FORT WALTON BEACH, FL 32547 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Al Blackford 510 Union St., #4 Ft. Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pam Blackford 510 Union St., #4 Ft. Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Igus 13 NE Eglin Pkwy, #122 Ft. Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Kathleen M. Peck**

**4/15/04**