

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90028 004 \*\*\*\*70.00

<b>DOCUMENT # N01000006434</b> 1. Entity Name <b>GOD'S WAY CHRISTIAN MINISTRIES INC.</b>																																																																																																																													
Principal Place of Business 29 NE PACETRACK RD. FORT WALTON BEACH, FL 32547				Mailing Address 13 NE EGLIN PKWY #122 FORT WALTON BEACH, FL 32548																																																																																																																									
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																									
PECK, KATHLEEN M 13 NE EGLIN PKWY #122 FORT WALTON BEACH, FL 32548				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 <u>Kathleen M. Peck</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/16/05</u> <small>(NOTE: Registered Agent signature required when renewing)</small>																																																																																																																									
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																									
<b>Make check payable to</b> <b>Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. 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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: <u>Kathleen M. Peck</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2/16/05</u> (850) 642-8777 <small>Daytime Phone #</small>																																																																																																																									