

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 16, 2008  
Secretary of State

DOCUMENT# N01000006434

Entity Name: GOD'S WAY CHRISTIAN MINISTRIES INC.

**Current Principal Place of Business:**

29 NE RACETRACK RD.  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

13 NE EGLIN PARKWAY  
#122  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 59-3751039      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PECK, KATHLEEN M  
13 NE EGLIN PARKWAY  
#122  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPP ( ) Delete  
Name: PECK, BYRL I  
Address: 13 NE EGLIN PARKWAY, #122  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DVPM ( ) Delete  
Name: PECK, KATHLEEN M  
Address: 13 NE EGLIN PARKWAY, #122  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: BLACKFORD, AL  
Address: 510 UNION ST., #4  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: MIKES, DOROTHY M  
Address: 131 DONELLA  
City-St-Zip: SAN ANTONIO, TX 78232

Title: D ( ) Delete  
Name: BLACKFORD, PAM  
Address: 510 UNION ST., #4  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: TURNER, BOBBY  
Address: 29 NE RACETRACK ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M. PECK

VP

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date