

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90155 036 ****61.25

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DOCUMENT # NO1000006434

1. Entity Name

GOD'S WAY CHRISTIAN MINISTRIES INC.



Principal Place of Business

**771 NE BEAL PKWY 29 NE Racetrack Rd.
FORT WALTON BEACH FL 32547**

Mailing Address

**13 NE EGLIN PKWY 29 NE Racetrack Rd.
#122 Ft. Walton Beh, FL
FORT WALTON BEACH FL 32548 32547**

2. Principal Place of Business

29 NE Racetrack Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, Florida

City & State

Ft. Walton Beach, FL

Zip

32547

Country

USA

Zip

32547

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 **Same**
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, Vice-President, 4/16/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPP	<input type="checkbox"/> Delete
NAME	PECK, BYRL	
STREET ADDRESS	13 NE EGLIN PKWY #122	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	DVPM	<input type="checkbox"/> Delete
NAME	PECK, KATHLEEN M	
STREET ADDRESS	13 NE EGLIN PKWY #122	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PECK, TORVAL J	
STREET ADDRESS	13 NE EGLIN PKWY #122	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	WENTZ, JOHN R	
STREET ADDRESS	118 MONAHAN, #1	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REMSBURG, JAMES E	
STREET ADDRESS	P.O. BOX 792	
CITY-ST-ZIP	NICEVILLE FL 32588-0792	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, HELEN	
STREET ADDRESS	818 MEADOW LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director/Treasurer Alexander A. Mikes	
STREET ADDRESS	131 Donella	
CITY-ST-ZIP	San Antonio, TX 78232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE BY: Kathleen M. Peck, President 4/16/03 (850) 974-6555

CR2E037 (10/02)