ANNUAL REPORT (AR)

DOCUMENT # N01000007531 1. Entity Name THE WAY MINISTRY, INC.						FILED Feb 11, 2005 08:00 AM Secretary of State				M	
Principal Place of Business			Mailing Address								
1709 29TH AVE. TAMPA FL 33605		1709 29TH AVE. TAMPA FL 33605						nesense Milate Lune unes			
2. Principal Place of Business			ing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E037 (10/04)					
City & State			y & State			4. FEI Number	4. FEI Number 75-3066763 Applied For Not Applicable			•	
Zip	p Country		Zip		intry	5. Certificate of Sta	atus Desired		\$8.75 Add	itional	
	6. Name and Address of Current	Registere	d Agent			7. Name and Add	ress of New Re	gistered .		. - ·	
BROWN, EDDIE A					Name						
1709 29TH AVE. TAMPA FL 33605					Street Address (P.O. Box Number is Not Acceptable)						
								_		_	
				·	City			FL	Zip Cod		
the obligati	named entity submits this statement fi ions of registered agent. Signature, typed or printed name of registered agen					uired when rounstating)		DATE		———	
				Election Campaign Financing Trust Fund Contribution,		\$5.00 May Be Added to Fees			k Payable tment of S		
10.	OFFICERS AND D	11.		ADDÍTIONS/CHANG	ES TO OFFICER	S AND DI					
name Street audress	BROWN, EDDIE A 1709 29TH AVE.				E E ADDRESS		☐ Change ☐ Addition				
CITY-ST-ZIP	ALT.				-ST-ZIP	na	11 1 105-00 100000055		O'UTI Channeri	□ Addition	
NAME CIREET ADDRESS CITY-ST-7IP	DRUMMER, MAGGIE L 6914 N 50TH ST TAMPA FL 33617				E I ADDRESS	02/11/05-80042-02 2			TE- G.L.A.	3 (LI / Malibos)	
सार्द	ATD Delete 11				E				☐ Change	Addition	
NAME Street Adoress City-St-Zip	1536 CREEK BEND DR				NE LET ADDRESS '-ST-ZIP				 .		
HILE NAME	SSS STRANGE, VINCENT C		☐ Delete	THTL:	(☐ Change	☐ Addition	
STREET ADDRESS	2610 19TH AVE. EAST				EET ADDRESS						
CITY - ST - ZiP	TAMPA FL 33604	· · · -	☐ Delete	CHY	'-SI-ZIP				☐ Change	☐ Addition	
NAME	HOUSE, JAMES R 4916 - 83ST SOUTH		□ Delete	NAN	4E			•			
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33619				FET ADDRESS (-ST-ZIP						
HILE			☐ Delete	111)	i				Change	☐ Addition	
NAME TIRFF1 ADDRESS				NAM SIR	NE Eft address						
CITY-ST-7IP		R. R. L. F.	- dan e e Pe e		/-SI-ZIP	Cooling (40 07/0VA FI	orido Chahuna I	further a-	rtifu that the ?	 nformation	
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: Edward A. Brown, Pastor 3Feb05											
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Director											