


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90395 046 ****61.25

DOCUMENT # N02000002216	
1. Entry Name THE WAY OUTREACH CENTER, INC.	

Principal Place of Business 921 NE 131ST STREET 11 MIAMI, FL 33161	Mailing Address P O BOX 472515 MIAMI, FL 33147
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent WEECH, STEPHEON 412 NW 47TH STREET MIAMI, FL 33127	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	DATE
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> Delete
NAME	WEECH, STEPHEON K
STREET ADDRESS	412 NW 47TH STREET
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D <input type="checkbox"/> Delete
NAME	WEECH, K STEPHEON
STREET ADDRESS	1800 NE 187 ST
CITY-ST-ZIP	N MIAMI, FL 33179
TITLE	D <input type="checkbox"/> Delete
NAME	MILLER, GEORGETTE R
STREET ADDRESS	1800 NE 187TH STREET
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	CHAVEZ, PAMELA
STREET ADDRESS	2653 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	K. Stepheon Weech
STREET ADDRESS	412 NW 47th St.
CITY-ST-ZIP	Miami, FL 33127
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Georgette R. Miller
STREET ADDRESS	1800 NE 187th St.
CITY-ST-ZIP	Miami, FL 33179
TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Lewis
STREET ADDRESS	1170 NE 136th St.
CITY-ST-ZIP	North Miami, FL 33313
TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Danny Chavez
STREET ADDRESS	2653 Johnson St.
CITY-ST-ZIP	Hollywood, FL 33020
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: K. Stepheon Weech	4-24-04	786.306.4734
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>