2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002216

CHAVEZ, DANNY

2653 JOHNSON ST.

HOLLYWOOD, FL 33020

Name:

Address:

City-St-Zip:

Entity Name: THE WAY OUTREACH CENTER, INC.

FILED Apr 25, 2005 Secretary of State

•							
Current Principal Place of Business:				New Principal Place of Business:			
	IST STREET	ī					
11 MIAMI, FL	33161						
Current Mailing Address:				New Mailing Address:			
P O BOX 472515 MIAMI, FL 33147				P O BOX 472515 MIAMI, FL 33247			
FEI Number:	02-0577962	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WEECH, S 412 NW 47 MIAMI, FL	TH STREET						
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:							
	Electro	onic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (WEECH, K. S 412 NW 47TH MIAMI, FL 33	STREET		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (MILLER, GEO 1800 NE 187 N MIAMI, FL	ST		Title: Name: Address: City-St-Zip:	V/D MILLER, GE 1800 NE 18 N MIAMI, FL		
Title: Name: Address: City-St-Zip:	TD (LEWIS, MAR 1170 NE 136 NORTH MIAM	TH ST.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	SD () Delete		Title:	S/TD	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

CHAVEZ, DANNY

2653 JOHNSON ST.

HOLLYWOOD, FL 33020

SIGNATURE: K. STEPHEON WEECH P 04/25/2005