
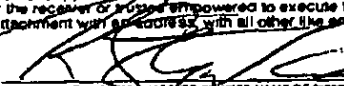


FILED
Apr 23, 2003 8:00 am
Secretary of State

4/9/

04-09-2003 90166 028 ****61.25

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

DOCUMENT # N02000002216			
1. Entity Name THE WAY OUTREACH CENTER, INC.			
Principal Place of Business 412 NW 47 STREET MIAMI, FL 33127		Mailing Address P O BOX 472515 MIAMI, FL 33147	
2. Principal Place of Business 921 NE 131st Street Suite, Apt. #, etc. 11		3. Mailing Address Suite, Apt. #, etc.	
City & State North Miami, FL		City & State	
Zip 33161	Country U.S.A.	Zip	Country
6. Name and Address of Current Registered Agent WEECH, STEPHON 1800 NE 187 STREET MIAMI, FL FL331-79		7. Name and Address of New Registered Agent Name K. Stephen Weech Street Address (P.O. Box Number is Not Acceptable) 412 NW 47th Street City Miami FL Zip Code 331278	
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 _____	
FILE NOW FILE IS 90721		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCQUEEN, QUENTIN 13002 NW 32 AVE APT 102 MIAMI, FL 33054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C K. Stephen Weech 412 NW 47th Street Miami, FL 33127 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEECH, K STEPHON 1800 NE 187 ST N MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Alexander Smalls 403 NW 44th Street Miami, FL 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ANDRE 3820 NW 183 ST APT 101 MIAMI, FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Georgette R. Miller 1800 NE 187th Street North Miami, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Pamela Chavez 2653 Johnson Street Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 recipient of funds 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: 		4-4-03 786.206.4734	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Clerk Copying Phone #	

JJU4JJ67



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)