

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000844

FILED  
Feb 02, 2006  
Secretary of State

**Entity Name:** THE WAY MINISTRIES AND TEACHING CENTER, INC.

**Current Principal Place of Business:**

612 NW 167TH STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

612 NW 167TH STREET  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 59-3766733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADEKUNLE, SHOLAKUNMI A  
20106 N.W. 51ST CT.  
MIAMI, FL 33055 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GBADEBO, SAMUEL A  
Address: 20106 N.W. 51ST CT.  
City-St-Zip: MIAMI, FL 33055

Title: D ( ) Delete  
Name: AINA, ALICE  
Address: 7717 ALAHAMBRA BLVD.  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: KING, ADEJUMOKE  
Address: 2241 SHERMAN CIRCLE SOUTH  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KING, ADEJUMOKE  
Address: 3874 NW 202 STREET  
City-St-Zip: OPALOCKA, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: SAADEKUNLE

MS.

02/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date