## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

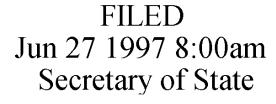
DOCUMENT # NO3711

(1)

STRAIGHT WAY MINISTRIES, INC.

Principal Place of Business

Mailing Address





S310 S.W. 51ST TERRACE 5310 S.W. 51ST TERRAC GAINESVILLE FL 32608 GAINESVILLE FL 32608-4			3			
	•				<ol> <li>Date Incorporated or Qualified 06/15/1984</li> </ol>	3a. Date of Last Report 04/15/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-2445066	Applied For
Sulte, Apt.	4 -10	[26]	Suite, Apt. #, etc.		3972443000	Not Applicable
22 Suite, Apr.	e, etc.	Strie, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Žíp	Country	Zip Cour		lry	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25 29 30			Florida Statutes Yes No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  B1 Name		
OVERING	UEDPEDT I		[	Name		
Gaskins, Herbert J. 5310 S.W. 518T Terrace			6	2 Street	ddress (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32608			1	3		
41,120			ļ	1 0"		
			ľ	4 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
12.	Signature, typed or printed name of registered age OFFICERS AND	··	E: Registered	sgent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD OFFICERS AND	DELETE	1.1 Titl			Change Addition
NAME	GASKINS, MAYBELLE E		1.2 NAM		GASKINS, HERBERT J	The state of the s
STREET ADDRESS	AAAT ALLI AALID DI LAD			ET ADDRESS	5310 SW 51st Terr.	
CITY-ST-ZIP	GAINESVILLE FL		1	-ST-ZiP	Gainesville, FL 3	2608-4823
TITLE	VD .	DELETE	2.1 TITL		XDourne Manne	Change Addition
NAME	GASKINS, MABEL E.		2.2 NAM	E	CASKINS, MAYBELLE,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	<b>5310 S.W. 51ST TERRACE</b>		2.3 STRI	ET ADDRESS	602 East Laura St.	
CITY-ST-ZIP	QAINESVILLE FL	F-1	_	/- \$1-ZIP	Starke, FL 32091	
TITLE	STD VEGGE	☐ DELETE	3.1 TITE		ST	X Change Addition
NAME	FRAZIER, VERSIE 5444 WOLF PEN PLESENT HIL	1	3.2 NAM		FRAZIER, VERSIE	
STREET ADDRESS		.L.		ET ADDRESS	5444 Wolf Pen Plea	sant H111 #105
CITY-ST-ZIP TITLE	MILFORD OH	DELETE	3.4. CIT	'-ST-ZIP	Milford, OH 45150	Change Addition
NAME		בַ טבנבינ	4.1 IIIL			Change Chyooligu
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE		DELETE	5.1 T(T()			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TiTL			☐ Change ☐ Addition
NAME			62 NAM	E		
STREET ADDRESS			63 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		
14. I do hereb	y certify that the information supplied	with this filing does not qualif	y for the e	comption s	tated in Section 119.07(3)(i), Florida Statutes	. I further certify that the

4. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

7262001141101

GERLING IN

5 2-90

250 200 200

CRZEUS/ (9/90)