

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03711 (1)
1. Corporation Name
STRAIGHT WAY MINISTRIES, INC.



Principal Place of Business 5310 S.W. 51ST TERRACE GAINESVILLE FL 32608	Mailing Address 5310 S.W. 51ST TERRACE GAINESVILLE FL 32608-4823
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1984		3a. Date of Last Report 04/15/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2445066		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
b. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**GASKINS, HERBERT J.
5310 S.W. 51ST TERRACE
GAINESVILLE FL 32608**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKINS, MAYBELLE E	1.2 NAME	GASKINS, HERBERT J
STREET ADDRESS	8207 SW 42ND PLACE	1.3 STREET ADDRESS	5310 SW 51st Terr.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32608-4823
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASKINS, MABEL E.	2.2 NAME	GASKINS, MAYBELLE E
STREET ADDRESS	5310 S.W. 51ST TERRACE	2.3 STREET ADDRESS	602 East Laura St.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Starke, FL 32091
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, VERSIE	3.2 NAME	FRAZIER, VERSIE
STREET ADDRESS	5444 WOLF PEN PLESENT HILL	3.3 STREET ADDRESS	5444 Wolf Pen Pleasant Hill #105
CITY-ST-ZIP	MILFORD OH	3.4 CITY-ST-ZIP	Milford, OH 45150
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *[Handwritten Signature]* 5-2-97 259 302 2810

CR2E037 (9/96)