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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # NO3711

STRAIGHT WAY MINISTRIES, INC.

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90050 031 ****61.25

Principal Place	e of Business	Mailing Address							
5310 S.W. 51ST TERRACE GAINESVILLE FL 32608		5310 S.W. 51ST TERRACE Gainesville FL 32608							
			_	- نو					
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qua	lifed			
21			26			06/15/1984			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		A	oplied For	
22		27			59-2445066		N	ot Applicable	
City & State	e	City & State			5. Certifcate of Status Desire	ed □		Additional	
23		28		5. Certificate of status besiled Fee Required					
Zip	Country	Zip Coun		try	6. Election Campaign Financing \$5.00 Ma				
24	25	29	30	Trust Fund Contribution		Added to Fees			
	9. Name and Address of Curre	nt Registered Agent		31 Name	10. Name and Address of N	ew Kegistered A	Agut		
0.4.01//14.0	. IEDOEDE I								
	HERBERT J.		Į š		et Address (P.O. Box Number is Not Acceptable)				
	. 51ST TERRACE		1	83					
GAINESVII	LLE FL 32608						<u> </u>	·	
			[8	34 City		Fl.	85 Zip	Code	
11 Dureuant	to the provisions of Sections 617.050	02 and 617 1508 Florida Statu	tes, the abo	ove-named con	poration submits this statement fo	r the purpose of o	hanging its	registered	
office or r	registered agent, or both, in the State m familiar with, and accept the obligation	e of Florida. Such change was a	autnonzea i	by the corporati	ion's board of directors. I hereby a	accept the appoin	tment as re	egistered	l
					,				}
SIGNATURE	Out to the second of the secon	ant and title if applicable (NOT)			ed when reinstating)	DATE		 [6
	Signature, typed or printed name of registered age			gent signature require	ed when reinstating) ADDITIONS/CHANGES TO		D DIRECTO	ORS IN 12	(00)
12.		ent and title if applicable. (NOTI ND DIRECTORS	E: Registered A	gent signature require			D DIRECTO	ORS IN 12	(44,00)
12.	OFFICERS A	ND DIRECTORS	E: Registered A	gent signature require					744/00/
12. TITLE NAME	PD GASKINS, HERBERT J	ND DIRECTORS	13. 1.1 TITL 1.2 NAM	gent signature require					C027 /44/00)
12. TITLE NAME STREET ADDRESS	PD GASKINS, HERBERT J	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent skynature require					00007 (44,00)
12. TITLE NAME	OFFICERS AI PD GASKINS, HERBERT J 5310 SW 51ST TERR	ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature require E IE EET ADDRESS					CD25027 (44,08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI PD GASKINS, HERBERT J 5310 SW 51ST TERR GAINESVILLE FL VD GASKINS, MAYBELLE E	ND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY	gent signature require E E E E E E T A C T T T T T T T T T T T T			Change	☐ Addition	CD2E027 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GASKINS, HERBERT J 5310 SW 51ST TERR GAINESVILLE FL VD	ND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAW	gent signature require E E E E E E T A C T T T T T T T T T T T T			Change	☐ Addition	CD2E027 (44,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AI PD GASKINS, HERBERT J 5310 SW 51ST TERR GAINESVILLE FL VD GASKINS, MAYBELLE E	ND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR	gent signature require E E E E E F F F F F F F F			☐ Change	☐ Addition ☐ Addition	CD2E027 (44/08)
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14. 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 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, with all other like empowered.