

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90096 026 \*\*\*\*70.00

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<b>DOCUMENT # N04000000174</b> 1. Entity Name <b>THE WAY EVANGELICAL MISSIONARY BAPTIST CHURCH, INC.</b>					
Principal Place of Business: <b>2818 N LINKS AVE SARASOTA, FL 34234-2543</b>			Mailing Address: <b>2818 N LINKS AVE SARASOTA, FL 34234-2543</b>		
2. Principal Place of Business <b>3301 MINK ROAD</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>SARASOTA FLORIDA</b>			City & State		
Zip <b>34235</b>		Country <b>USA</b>		4. FEI Number <b>542144890</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SLOAN, CALVIN DAWSE 2818 N LINKS AVE SARASOTA, FL 34234-2543</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition	
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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 receiver or trustee 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.					
<b>SIGNATURE:</b> <i>Calvin D. Sloan</i> / <b>CALVIN D. SLOAN</b>			Date <b>7/4/04</b> (941) 358-5370		