


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000174	
1. Entity Name THE WAY EVANGELICAL MISSIONARY BAPTIST CHURCH, INC.	

Principal Place of Business 3301 MINK ROAD SARASOTA, FL 34235 US	Mailing Address 2818 N LINKS AVE SARASOTA, FL 34234-2543
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2144890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SLOAN, CALVIN DAWSE 2818 N LINKS AVE SARASOTA, FL 34234-2543
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLOAN, CALVIN DAWSE 2818 N. LINKS AVE. SARASOTA, FL 342342543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REID, JOHNNIE MAE 3301 MINK ROAD SARASOTA, FL 342356731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBINSON, CLYDE SR 1747 32ND STREET SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/12/05-80047-002 70.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Calvin Dawse Sloan 1/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #