


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011292

1. Entity Name
BRIGHTWAY MINISTRIES, INC.



Principal Place of Business
**10905 SOUTH FORK LOOP
PANAMA CITY, FL 32404**

Mailing Address
**10905 SOUTH FORK LOOP
PANAMA CITY, FL 32404**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1784649

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

**SHUMWAY, W. DEAN REV.
10905 SOUTH FORK LOOP
PANAMA CITY, FL 32404**

**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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SHUMWAY, CAROLN L REV.
STREET ADDRESS	10905 SOUTH FORK LOOP
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	VTD
NAME	SHUMWAY, W. DEAN REV.
STREET ADDRESS	10905 SOUTH FORK LOOP
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	RODGERS, LAVERNE
STREET ADDRESS	213 MCKINNON ST
CITY-ST-ZIP	PETAL, MS 39465
TITLE	D
NAME	BROOME, JOHN
STREET ADDRESS	615 N TINDALL PARKWAY
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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02/10/06-80034-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rev. Carolyn L. Shumway* **CAROLYN L. SHUMWAY** *1/20/2006* *(850) 722-5206*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #