

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N28886

1. Entity Name
THE WAY MINISTRIES, INC.



Principal Place of Business
**630 EAST 19TH ST.
SAINT CLOUD, FL 34769 US**

Mailing Address
**PO BOX 701365
SAINT CLOUD, FL 34770**



02282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0083211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHEEVER, GLORIA
1330 NW 174 ST.
MIAMI, FL 33169**

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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 _____

Signature, last and first name of registered agent and title if applicable

(NOTE: Registered Agent Signature is required when renewing)

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	T
NAME	WILCOX, ALBERT
STREET ADDRESS	6596 SWISSCO DR.
CITY- ST- ZIP	ORLANDO, FL 32822
TITLE	SD
NAME	BONDS, SHARON
STREET ADDRESS	7802 PEMBROKE RD
CITY- ST- ZIP	MIAMI, FL
TITLE	D
NAME	CHEEVER, GLORIA
STREET ADDRESS	1330 NW 174 ST.
CITY- ST- ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000267169
03/17/05-80059-016 61.25

**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)(f), 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 C17, 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: Sharon Bonds Secretary/D 3-13-05 407-7588844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR