

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28886

FILED
Jan 21, 2008
Secretary of State

Entity Name: THE WAY MINISTRIES, INC.

Current Principal Place of Business:

630 EAST 19TH ST.
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

1929 S KIRKMAN ROAD
137
ORLANDO, FL 32811 US

Current Mailing Address:

PO BOX 701365
SAINT CLOUD, FL 34770

New Mailing Address:

FEI Number: 65-0083211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CHEEVER, GLORIA
6341 ROLDEN CT
MOUNT DORA, FL 32757 US

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.

SIGNATURE: _____

01/21/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WILCOX, ALBERT
Address: 6596 SWISSCO DR.
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: BONDS, SHARON,
Address: 7802 PEMBROKE RD
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CHEEVER, GLORIA
Address: 1330 NW 174 ST.
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LOWE, DIANE
Address: 8128 DOMINQUIN ST
City-St-Zip: ORLANDO, FL 32817

Title: SD (X) Change () Addition
Name: BONDS, SHARON,
Address: 1929 S KIRKMAN RD
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Change () Addition
Name: CHEEVER, GLORIA
Address: 6341 ROLDEN CT
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON BONDS

SD

01/21/2008

Electronic Signature of Signing Officer or Director

Date