

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28886

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** THE WAY MINISTRIES, INC.

**Current Principal Place of Business:**

1929 S KIRKMAN ROAD  
137  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

2014 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 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  
6341 ROLDEN CT  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: LOWE, DIANE  
Address: 8128 DOMINQUIN ST  
City-St-Zip: ORLANDO, FL 32817

Title: SD  
Name: BONDS, SHARON  
Address: 1929 S KIRKMAN RD  
City-St-Zip: ORLANDO, FL 32811

Title: D  
Name: CHEEVER, GLORIA  
Address: 6341 ROLDEN CT  
City-St-Zip: MOUNT DORA, FL 32757

I hereby 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 all other like empowered.

SIGNATURE: SHARON BONDS

SD

04/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date