FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 05, 1999 8:00 am § Secretary of State 05-05-1999 90139 045 ****61.25

FILED

DOCUMENT # N38816

HIS WAY MINISTRIES, INC.

Principal Place of Busine
4215 DOVER DR E
DOADPHITAN FL GAMO

2. Principal Place of Business

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Mailing Address

P O BOX 20971 **BRADENTON FL 34204**

2a. Mailing Address



3. Date incorporated or Qualifed

21		26				00/20/1990			
Suite, Apt.	#, etc.	T	Suite, Apt. #, etc.		•	4. FEI Number		App	lied For
22		27				65-0203485		Not	Applicable
City & Stat	te .	28	City & State	<u> </u>		5. Certifcate of Status Desired		\$8.75 A	
Zip	Country	1-5	Zìp	Country		6. Election Campaign Financing		\$5.00 N	vlay Be
24	25	29	30	5		Trust Fund Contribution		Added to	•
	9. Name and Address of Curren	t Regi	stered Agent			10. Name and Address of New R	tegistered A	gent	
	,	i		81	Name				
MARLAND, STEPHEN F					Street Addr	ress (P.O. Box Number is Not Accepta	hle)		
4215 DOVER DR E					Oli GOL AGGI	Coo (i .C. Dox rainos la rior riboopia			
BRADENTON FL 34203									
BRADERION FE 04200					City			85 Zip C	ode
				84	City		FL	65 Zip C	000
office or I	to the provisions of Sections 617.050; registered agent, or both, in the State am familiar with, and accept the obligat	of Flori	ida. Such change was auth	norized by	the corporation	oration submits this statement for the on's board of directors. I hereby accept	purpose of out the appoin	hanging its r tment as reg	egistered istered
SIGNATURE						d when reinstating)	DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OF	ICERS AN	DIRECTOR	RS IN 12
TITLE	P		☐ DELETE	1.1 TITLE				Change	Addition
NAME	GERHART, RICHARD S			1,2 NAME					
STREET ADDRESS	1445 W ENERL OID			1.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL			1.4 CITY-ST	r-ziP				
TITLE	D		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	BRISTOL, DIANE M			2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL			2. 4 CITY-S	T-ZIP	<u></u> .			
TITLE	V		☐ DELETÉ	3.1 TITLE				Change	Addition
NAME	GERHART, KIMBERLY A			3.2 NAME					
STREET ADDRESS	AAAA MERTILOID			3.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL			3.4. CITY-S	T-ZIP				*******
TITLE	D		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME	BHUSHAN, Y. SHARATH			4. 2 NAME	1				
STREET ADDRESS	044000			4.3 STREET	ADDRESS				
CITY-ST-ZIP	E.G.DT A.		_	4.4 CITY-S	T-ZIP				
TITLE	T		☐ DELETE	5.1 TITLE				Change	Addition Addition
NAME	MARLAND, STEVE			5.2 NAME					
STREET ADDRESS	4215 DOVER DRIVE EAST			5.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON FL			5.4 CITY+S	T-ZIP				
TITLE	С		☐ DELETE	6.1 TITLE				Change	Addition
NAME	NILSEN, GURY M			6.2 NAME					
STREET ADDRESS	I a saa aa'aa aa aa			6.3 STREET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL			6.4 CITY-S	T-ZIP			<u>,</u>	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: