

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N38816****1. Entity Name**
HIS WAY MINISTRIES, INC.**Principal Place of Business**
4215 DOVER DR E
BRADENTON FL 34203 US**Mailing Address**
P O BOX 20971
BRADENTON FL 34204 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0203485**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**MARLAND STEPHEN F
4215 DOVER DR EBRADENTON FL
34203 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.**SIGNATURE** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	C	<input type="checkbox"/> Delete
NAME	NILSEN GURY M	
STREET ADDRESS	2126 HIBISCUS ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARLAND STEVE	
STREET ADDRESS	4215 DOVER DRIVE EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BHUSHAN Y. SHARATH	
STREET ADDRESS	SAKHINETI PALLICPOJ	
CITY-ST-ZIP	E.G.DT A.	
TITLE	V	<input type="checkbox"/> Delete
NAME	GERHART KIMBERLY A	
STREET ADDRESS	1122 W FAITH CIR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRISTOL, DIANE M	
STREET ADDRESS	13602 B AGAPE LANE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GERHART RICHARD S	
STREET ADDRESS	1122 W. FAITH CIR.	
CITY-ST-ZIP	BRADENTON FL	

TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NILSEN GARY M		
STREET ADDRESS	2126 HIBISCUS ST		
CITY-ST-ZIP	SARASOTA FL		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRISTOL, DIANE M		
STREET ADDRESS	93 SHANTYVILLE ROAD		
CITY-ST-ZIP	GOUVERNEUR NY 13642		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 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:** Richard S. Gerhart

Mr. 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)