

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42436** (8)  
1. Corporation Name  
**THE HOLY WAY CHURCH, INC.**



Principal Place of Business <b>1801 S.W. 8TH STREET MIAMI FL 33135</b>		Mailing Address <b>1801 S.W. 8TH STREET MIAMI FL 33135</b>		3. Date Incorporated or Qualified <b>03/11/1991</b>	
				4. FEI Number <b>65-0246571</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GARNICKI, DANIEL 1801 S.W. 8TH STREET MIAMI FL 33135</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	GARNICKI, DANIEL		1.1 TITLE	D	GARNICKI, DANIEL	
NAME		1801 S.W. 8TH STREET		1.2 NAME		9992 S W 2nd. Terrace	
STREET ADDRESS		MIAMI FL 33135		1.3 STREET ADDRESS		Miami, FL 33174	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	VD	GARNICKI, BLANCA		2.1 TITLE	D	GARNICKI, BLANCA	
NAME		1801 S.W. 8TH STREET		2.2 NAME		9992 S W 2nd. Terrace	
STREET ADDRESS		MIAMI FL 33135		2.3 STREET ADDRESS		Miami, FL 33174	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	TD	AREVALO, DAVID		3.1 TITLE	T	AREVALO, DAVID	
NAME		1801 S.W. 8TH STREET		3.2 NAME		10710 S W 2 St. #4B	
STREET ADDRESS		MIAMI FL 33135		3.3 STREET ADDRESS		Miami, FL 33174	
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *[Signature]* **DANIEL GARNICKI** 213-78 (305) 643-5344

CR2E037 (10/97)