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FILED  
May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003249 (0)**

1. Corporation Name

**JESUS IS THE WAY MINISTRIES INC.**

Principal Place of Business

Mailing Address

**2680 NW 5 ST  
POMPANO BEACH FL 33069**

**2680 NW 5 ST  
POMPANO BEACH FL 33069-2212  
US**

2. Principal Place of Business

2a. Mailing Address

**21 SAME AS ABOVE**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Pompano FL**

**28**

Zip Country

Zip Country

**24 33069 25 US**

**29 30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**07/20/1993**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**65-0430727**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**JOHNSON, LONNIE B JR.**

**2680 NW 5 ST  
POMPANO BEACH FL 33069**

81 Name

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

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **JOHNSON, LONNIE B JR.**  
STREET ADDRESS **2680 NW 5TH ST.**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **D** ☐ DELETE  
NAME **JOHNSON, SUSIE A**  
STREET ADDRESS **2680 NW 5TH ST.**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **SD** ☐ DELETE  
NAME **JOHNSON, SHUNDRA T**  
STREET ADDRESS **651 NW 18TH CT.**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE **T** ☐ DELETE  
NAME **PORTER, KESHA L**  
STREET ADDRESS **2643 NW 8TH ST.**  
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

**Lonnie B. Johnson Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/97**  
Date

**(954) 979-2528**  
Daytime Phone # 0025000

CR2E037 (9/96)