

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002443

Entity Name: BETTER WAY MINISTRIES, INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

159 SW 5TH ST
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

159 S.W. 5TH STREET
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 65-0629402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOHORN, TANGELA
159 S.W. 5TH STREET
DEERFIELD BEACH, FL 33441

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: PD () Delete
Name: MOHORN, ABNER
Address: 159 S.W. 5TH STREET
City-St-Zip: DEERFIELD BEACH, FL

Title: VD () Delete
Name: MOHORN, TANGELA
Address: 159 S.W. 5TH STREET
City-St-Zip: DEERFIELD BEACH, FL

Title: SD () Delete
Name: GOMMILLION, EMMA
Address: 1110 N.W. 24TH AVENUE
City-St-Zip: POMPANO BEACH, FL

Title: T () Delete
Name: SHOATS, JOHN
Address: 240 NE 45TH CT
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ABNER MOHORN

PD

04/20/2004

Electronic Signature of Signing Officer or Director

Date