2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# N97000003674

Entity Name: GOD'S WAY MINISTRIES, INC.

Current Principal Place of Business:

2516 S 19TH STREET
204
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

782 N W 42ND AVENUE
330 (OCEAN BANK BLDG)
MIAMI, FL 33126

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGRAM-WRIGHT, DORIS
2516 S 19TH STREET
204
FORT PIERCE, FL 34982 US

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: INGRAM-WRIGHT, DORIS
Address: 2516 S 19TH STREET #204
City-St-Zip: FORT PIERCE, FL 34982

Title: VPD ( ) Delete
Name: INGRAM-LEONARD, REBECCA
Address: 782 N W 42ND AVENUE STE 330
City-St-Zip: MIAMI, FL 33126

Title: SD ( ) Delete
Name: JOHNSON, DEBBIE
Address: 4141 16TH STREET #15-5
City-St-Zip: VERO BEACH, FL 34946

Title: TD ( ) Delete
Name: GAINEY, DEIDRE
Address: 2632 S E NORMAND STREET
City-St-Zip: STUART, FL 34997

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: DORIS INGRAM LEONARD PRES 04/19/2005

Electronic Signature of Signing Officer or Director — Date