2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003674

Title:

Name:

Address:

City-St-Zip:

TD

GAINEY, DEIDRE

STUART, FL 34997

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2632 S E NORMAND STREET

Entity Name: GOD'S WAY MINISTRIES, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2516 S 19TH STREET FORT PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** 782 N W 42ND AVENUE (OCEAN BANK BLDG) 330 MIAMI, FL 33126 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: INGRAM-WRIGHT, DORIS 2516 S 19TH STREET 204 FORT PIERCE, FL 34982 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition INGRAM-WRIGHT, DORIS Name: Name: Address: 2516 S 19TH STREET #204 Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: Title: () Delete () Change () Addition Name: INGRAM-LEONARD, REBECCA Name: Address: 782 N W 42ND AVENUE STE 330 Address: City-St-Zip: MIAMI, FL 33126 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, DEBBIE Name: Name: 4141 16TH STREET #15-5 Address: Address: City-St-Zip: VERO BEACH, FL 34946 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DORIS INGRAM WRIGHT PRES 05/02/2007

() Change () Addition