2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000005370

FILED Mar 05, 2004 8:00 am Secretary of State 03-05-2004 90010 009 ****61.25

1. Entity Name WAY OF GRACE MINISTRIES, INC.				03-03-	03-03-2004 90010 009 **** 61.23	
Principal Place of Business Mailing Address 104 5 W ORANGE BLOSSOM APOPKA, FL 32712 APOPKA, FL 32712 APOPKA					-	
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			cona-Ocoee			
	#, etc. ando, FL 32818	Suite, Apt. #, etc.	FL 32818	02272004 Chg-NP	CR2E037 (10/03)	
City & Stat		City & State	15 32010	4. FEI Number .	Applied For	
	32818 USA	32818	USA	59-3468595	Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Status Des	sired Sectional Section Sectin Section Section Section Section Section Section Section Section	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of		
MATTOY	DANIEL W		Name	•		
MATTOX, DANIEL W 1945 W ORANGE BLOSSOM TRIAL A POPKA, FL. S2712 - -				reel Address (P.O. Box Number is Not Acceptable) 550 Clarcona-Ocoee Rd.		
855	0 Clarcona-Ocoee	Rd.	Orland	lo,		
	ando, FL 32818		City	- ,	FL Zip Code	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing it	ts registered office or reg	sistered agent, or both, in the State	e of Florida. I am familiar with, and accep	
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent s	and title if applicable. (NC	TE: Registered Agent signature re	equired when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2004		ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 10	
TITLE Name	D MATTOX, REV. DANIEL W	☐ Delete	TITLE		☐ Change ☐ Additio	
STREET ADDRESS	9157 PRISTINE CIRCLE		NAME STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP			
MITE	D	☐ Delete	TITLE		☐ Change ☐ Additio	
NAME	LOPEZ, HECTOR SR		NAME			
STREET ADORESS CITY-ST-ZIP	5807 FOX HUNT TRAIL ORLANDO, FL 32809		STREET ADDRESS CITY+ST-ZIP			
TITLE	D	☐ Delete				
NAME	REID, SYDNEY	CT Delete	TITLE NAME		Change Addition	
STREET ADDRESS		f eg s.	STREET ADDRESS	المراجع والمحمي	कार्रेक राज्या । १००० व्यक्ति स्टब्स	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME Street address			NAME			
CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP			
NTLE		☐ Delete	TITLE		☐ Change ☐ Additio	
NAME		LI DERGE	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
	t certify that the information supplied with	this filing does not qualify f		in Section 119 07/3/(i) Florida Sta	tutes. I further certify that the information	
indicated	on this report or supplemental report is	true and accurate and that	my signature shall have	the same legal effect as if made t	tutes. I further certify that the information under oath; that I am an officer or director y name appears in Block 10 or Block 11 i	
changed	, or on an attachment with an apdress, v	with all other like en in sepon with all other like en in a were	a asrequired by Chapte	i oi7, Fiorida Statutes; and that m	y name appears in Block 10 or Block 11 i	
	1 /200	U. 1 1/1/17	Tall	1/27/	14 1 Inn manne	
SIGNAT	SIGNATURE AND TYPED OR P	PUNTED NAME OF STORMER OFFICE	R OF DIRECTOR	4/0/1/0	Destrue Phone #	
		The same of the sa		r Date	Dayane Fixne #	