

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90025 038 ****61.25

DOCUMENT # N97000005370 1. Entity Name WAY OF GRACE MINISTRIES, INC.					
Principal Place of Business 8559 CLARCONA-OCOEE RD. ORLANDO, FL 32818			Mailing Address 8559 CLARCONA-OCOEE RD. ORLANDO, FL 32818		
2. Principal Place of Business 8550 Clarcona-Ocoee RD			3. Mailing Address SAME AS PRINCIPAL		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Orlando, Florida			City & State 		
Zip 32818		Country USA		4. FEI Number 59-3468595	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTOX, DANIEL W 8550 CLARCONA-OCOEE RD. ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Daniel W. Mattox <small>Signature, typed or printed name of registered agent and title if applicable.</small>				July 6, 2005 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTOX, REV. DANIEL W 9157 PRISTINE CIRCLE ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, HECTOR SR 5807 FOX HUNT TRAIL ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lopez, Hector SR 12151 Woodglen Circle Clermont, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REID, SYDNEY 5855 INGRAM RD APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Daniel W. Mattox <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-6-2005 <small>Date</small>		
			407-292-9998 <small>Daytime Phone #</small>		