

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2004  
Secretary of State**

DOCUMENT# N00000007210

Entity Name: THE WAY FELLOWSHIP CHURCH, INC.

**Current Principal Place of Business:**

16211 SW 16TH ST  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

16211 SW 16TH ST  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 31-1758278      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BAKER, KELVIN L SR  
16211 SW 16TH ST  
PEMBROKE PINES, FL 33027

**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: PRES ( ) Delete  
Name: BAKER SR., KELVIN L PRESIDN  
Address: 16211 SW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DIR ( ) Delete  
Name: BAKER, CHRISTINE DIRECTR  
Address: 16211 SW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: DIR ( ) Delete  
Name: GABRIEL, SHAWN DIRECTO  
Address: 6757 CAMELIA DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: DIR ( ) Delete  
Name: NELSON, MAURICE DIRECTO  
Address: 6272 N.W. 186TH STREET APT #301  
City-St-Zip: MIAMI LAKES, FL 33015

**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: KELVIN L. BAKER

PRES

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date