## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007210

Address:

City-St-Zip:

FILED Mar 10, 2005 Secretary of State

Entity Name: THE WAY FELLOWSHIP CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** 16211 SW 16TH ST 20871 JOHNSON STREET PEMBROKE PINES, FL 33027 105 PEMBROKE PINES, FL 33029 **Current Mailing Address: New Mailing Address:** 16211 SW 16TH ST PEMBROKE PINES, FL 33027 FEI Number: 31-1758278 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BAKER, KELVIN L SR 16211 SW 16TH ST PEMBROKE PINES, FL 33027 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: **PRES** () Change () Addition () Delete BAKER SR., KELVIN L PRESIDN Name: Name: 16211 SW 16TH STREET Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: Title: Title: ( ) Delete () Change () Addition BAKER, CHRISTINE DIRECTR Name: Name: Address: 16211 SW 16TH STREET Address: City-St-Zip: PEMBROKE PINES, FL 33027 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition GABRIEL, SHAWN DIRECTO Name: Name: Address: 6757 CAMELIA DRIVE Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: DIR ( ) Delete Title: () Change () Addition Name: NELSON, MAURICE DIRECTO Name:

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.

Address:

City-St-Zip:

SIGNATURE: KELVIN L. BAKER SR. **PRES** 03/10/2005

6272 N.W. 186TH STREET APT #301

MIAMI LAKES, FL 33015