## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007210

Entity Name: THE WAY FELLOWSHIP CHURCH, INC.

FILED Feb 24, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:	
20871 JOH	HNSON STRE	ET			
105 PEMBROK	KE PINES, FL	33029			
	lailing Addre		New Maili	New Mailing Address:	
16211 SW PEMBROK	16TH ST KE PINES, FL	33027			
FEI Number:	: 31-1758278	FEI Number Applied For()	FEI Number Not App	licable ( ) Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
16211 SW	ELVIN L SR 16TH ST KE PINES, FL	33027 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR:	
Title: Name: Address: City-St-Zip:	BAKER SR., K 16211 SW 16 <sup>-</sup>	) Delete ELVIN L PRESIDN TH STREET INES, FL 33027	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BAKER, CHRIS 16211 SW 16	) Delete STINE DIRECTR 'H STREET INES, FL 33027 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition GABRIEL, SHAWN DIRECTO 6757 CAMELIA DRIVE MIRAMAR, FL 33023 US	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition FERGUSON, NATALIE DIRECTO P O BOX 641308 NMB, FL 33164 US	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	DIR ( ) Change (X) Addition BAKER, DARRYL DIRECTO 17640 N.W. 47TH AVENUE MIAMI, FL 33055 US	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	DIR ( ) Change (X) Addition MATHIS, VALERIE 1985 SE 14 STREET HOMESTEAD, FL 33035 US	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KELVIN L. BAKER PRES 02/24/2007