2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008
Secretary of State

DOCUMENT# N00000007210

Entity Name: THE WAY FELLOWSHIP CHURCH, INC.

Current Principal Place of Business:

20871 JOHNSON STREET
105
PEMBROKE PINES, FL 33029

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

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 US

Title: DIR (X) Delete
Name: FERGUSON, NATALIE DIRECTO
Address: P O BOX 641308
City-St-Zip: NMB, FL 33164 US

Title: DIR ( ) Delete
Name: BAKER, DARRYL DIRECTO
Address: 17640 N.W. 47TH AVENUE
City-St-Zip: MIAMI, FL 33055 US

Title: DIR ( ) Delete
Name: MATHIS, VALERIE
Address: 1985 SE 14 STREET
City-St-Zip: HOMESTEAD, FL 33035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: BAKER, ROSA DIRECTO
Address: 16211 S.W. 16TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027 US

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 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 05/16/2008

Electronic Signature of Signing Officer or Director — Date