

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 21, 2009  
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:**

**New Mailing Address:**

20871 JOHNSON STREET  
105  
PEMBROKE PINES, FL 33029

**Current 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 ( )

**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: BAKER, ROSA DIRECTO  
Address: 16211 S.W. 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 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: ( ) 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

03/21/2009

Electronic Signature of Signing Officer or Director

Date