

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 758962

1. Entity Name
MIDWAY ROAD CHURCH OF CHRIST, INC.



FILED
Apr 15, 2004 08:00 AM
Secretary of State

Principal Place of Business
3040 WEST MIDWAY ROAD
FT PIERCE, FL 34981

Mailing Address
3040 WEST MIDWAY ROAD
FT PIERCE, FL 34981



02162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2296773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCKHAM, ED
2409 S E DELANO
PORT ST LUCIE, FL 34952

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWLEY, ROBERT 11180 ORANGE AVE. FT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCKHAM, ED 2409 SE DELANO RD PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARNER, ALLEN D 3789 SW WHISPERING SOUND PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

041204 772/461-8147

Date

Daytime Phone #