2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 758962

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

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

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01082007 No Chg-NP CR2E037 (4/06)

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

HAWLEY, ROBERT
11180 ORANGE AVE
FORT PIERCE, FL 34945

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAWLEY, ROBERT
STREET ADDRESS	11180 ORANGE AVE.
CITY-ST-ZIP	FT PIERCE, FL 34945
TITLE	TD
NAME	WARNER, ALLEN D
STREET ADDRESS	3789 SW WHISPERING SOUND
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	S
NAME	ENGELER, PEGGY
STREET ADDRESS	8004 MEADOWLARK LANE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952
TITLE	VP
NAME	BLACKBURN, NEIL
STREET ADDRESS	2012 MIMOSA AVE
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80032-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Allen D. Warner 3/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #