

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 046 ****61.25

DOCUMENT # 758962

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



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

Mailing Address
3040 WEST MIDWAY ROAD
FT PIERCE, FL 34981

60032429



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2296773

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWLEY, ROBERT
11180 ORANGE AVE
FORT PIERCE, FL 34945

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. A. Hawley	
STREET ADDRESS	10605 Pine Cone Lane	
CITY-ST-ZIP	Fort Pierce, FL 34945	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wally Munoz	
STREET ADDRESS	5707 Raintree Trail, Fort Pierce, FL 34952	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Wiley	
STREET ADDRESS	273 SW Chandler Terrace, Port St. Lucie FL 34984	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Dyer	
STREET ADDRESS	587 NW Lambrosco Dr., Port St. Lucie, FL 34986	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or other I am empowered.

SIGNATURE:

Robert A. Hawley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08 7724618147

Date

Daytime Phone #