

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758962

FILED  
Jun 03, 2009  
Secretary of State

**Entity Name:** MIDWAY ROAD CHURCH OF CHRIST, INC.

**Current Principal Place of Business:**

3040 WEST MIDWAY ROAD  
FT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

3040 WEST MIDWAY ROAD  
FT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 59-2296773      **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:**

HAWLEY, ROBERT  
11180 ORANGE AVE  
FORT PIERCE, FL 34945      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: PD      ( ) Delete  
Name: HAWLEY, ROBERT  
Address: 11180 ORANGE AVE.  
City-St-Zip: FT PIERCE, FL 34945

Title: VP      ( ) Delete  
Name: MUNOZ, WALLY  
Address: 5707 RAINTREE TRAIL  
City-St-Zip: FORT PIERCE, FL 34952

Title: S      ( ) Delete  
Name: ENGELER, PEGGY  
Address: 8004 MEADOWLARK LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP      ( ) Delete  
Name: BLACKBURN, NEIL  
Address: 2012 MIMOSA AVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP      ( ) Delete  
Name: WILEY, CHARLES  
Address: 273 SW CHANDLER TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD      ( ) Delete  
Name: DYER, JIM  
Address: 587 NW LAMBRUSCO DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

**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:

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: ROBERT A. HAWLEY

P

06/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date