

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010976

FILED
Jan 21, 2009
Secretary of State

Entity Name: BELIEVERS OF THE WAY, INC.

Current Principal Place of Business:

1105 CHEROKEE DRIVE
WAYCROSS, GA 31501

New Principal Place of Business:

Current Mailing Address:

1105 CHEROKEE DRIVE
WAYCROSS, GA 31501

New Mailing Address:

FEI Number: 20-1920368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAY, JONATHAN L
1548 LANCAASTER TERRACE
JACKSONVILLE, FL 32204 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: D () Delete
Name: ROGERS, THOMAS
Address: 1105 CHEROKEE DRIVE
City-St-Zip: WAYCROSS, GA 31501

Title: D () Delete
Name: ROGERS, KELLIE
Address: 1105 CHEROKEE DRIVE
City-St-Zip: WAYCROSS, GA 31501

Title: D () Delete
Name: CRUZADO, YOLANDA
Address: 1105 CHEROKEE DRIVE
City-St-Zip: WAYCROSS, GA 31501

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:

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: THOMAS ROGERS

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date