

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001305

FILED
Jan 03, 2007
Secretary of State

Entity Name: HIS WAY CHRISTIAN ACADEMY, INC.

Current Principal Place of Business:

546 IRONWOOD DR,
MELBLURNE, FL 32935

New Principal Place of Business:

546 IRONWOOD DR,
MELBOURNE, FL 32935

Current Mailing Address:

546 IRONWOOD DR,
MELBLURNE, FL 32935

New Mailing Address:

546 IRONWOOD DR,
MELBOURNE, FL 32935

FEI Number: 20-4297422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLLINGER, MICHELLE L
546 IRONWOOD DR,
MELBLURNE, FL 32935 US

Name and Address of New Registered Agent:

BOLLINGER, MICHELLE L
546 IRONWOOD DR,
MELBOURNE, FL 32935 US

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:

01/03/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BOLLINGER, MICHELLE L
Address: 546 IRONWOOD DR.
City-St-Zip: MELBLURNE, FL 32935

Title: VPD () Delete
Name: HAYNES, MARY ALYCE
Address: 203 NEIMAN AVE
City-St-Zip: MELBOURNE, FL 32901

Title: S (X) Delete
Name: CARRASCO, PATRICIA
Address: 546 IRONWOOD DR.
City-St-Zip: MELBLURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOLLINGER, MICHELLE L
Address: 546 IRONWOOD DR.
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: HAYNES, MARY ALYCE
Address: 1790 ROCKY WOOD CIRCLE
City-St-Zip: VIERA, FL 32955

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE BOLLINGER

DIR

01/03/2007

Electronic Signature of Signing Officer or Director

Date