

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004868

FILED
Apr 27, 2009
Secretary of State

Entity Name: CHURCH ON THE WAY OF LAKE CITY, FLORIDA, INC.

Current Principal Place of Business:

1452 SE COUNTY ROAD 349
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

1452 SE COUNTY ROAD 349
LAKE CITY, FL 32025

New Mailing Address:

PO BOX 1649
LAKE CITY, FL 32056

FEI Number: 38-3729716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMPKINS, DALE
1452 SE COUNTY ROAD 349
LAKE CITY, FL 32025 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: TOMPKINS, DALE
Address: 1452 SE COUNTY ROAD 349
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: CROCKER, JOSEPH A
Address: 153 SW SHORT LEAF DRIVE
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: RAHE, NIKKI
Address: 3229 SW MAIN BLVD
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: TURNER, DALE
Address: 342 SW MARVIN BURNETT ROAD
City-St-Zip: LAKE CITY, FL 32024

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:

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: DALE TOMPKINS

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date