

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

2.18.08 08 FEB 14 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600118066136
02/14/08--01039--012 **122.50



DOCUMENT # N06000005486
1. Entity Name
NEW WAY CHRISTIAN FELLOWSHIP INC.



Principal Place of Business
223 NE 14TH AVE
POMPANO BEACH, FL 33060

Mailing Address
223 NE 14TH AVE
POMPANO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #
38 Karat Path
Suite, Apt. #, etc.

3. Mailing Address
38 Karat Path
Suite, Apt. #, etc.

City & State
Palm Coast, FL

City & State
Palm Coast, FL

Zip
32164

Country
U.S.A.

Zip
32164

Country
U.S.A.

6. Name and Address of Current Registered Agent
SUMMERLIN, RICHARD
223 NE 14TH AVE
POMPANO BEACH, FL 33060

4. FEI Number
11-3781215

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMMERLIN, RICHARD 223 NE 14TH AVE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y.P./T/S/T Kimberly Summerlin 38 Karat Path Palm Coast, FL 32164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Trustee" Concetta Cimaglia 50 Coquina Ridge Way Ormond Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Trustee" Elias Corey 31 Sugar mill LN Flagler Beach, FL 32136 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Trustee" Andrea Corey 31 Sugar mill LN Flagler Beach, FL 32136 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Richard Summerlin 38 Karat Path Palm Coast, FL 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.