

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90033 041 \*\*\*\*61.25

**DOCUMENT # N32685**

1. Entity Name

**CHRIST IS THE WAY COMMUNITY CHURCH,  
INCORPORATED**



Principal Place of Business

**7441 MORSE AVE.  
JACKSONVILLE FL 32244**

Mailing Address

**7441 MORSE AVE.  
JACKSONVILLE FL 32244**

2. Principal Place of Business

**7441 Morse Avenue**  
Suite, Apt. #, etc.

3. Mailing Address

**7441 Morse Ave**  
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, Florida**

4. FEI Number

**59-2945429**

Applied For

Not Applicable

Zip

**32244**

Country

**USA**

Zip

**32244**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOODS, BARBARA A.  
7441 MORSE AVE.  
JACKSONVILLE FL 32244**

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

*Barbara A. Woods*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **WOODS, WILLIE J.**  
STREET ADDRESS **7441 MORSE AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ Delete  
NAME **WOODS, BARBARA A.**  
STREET ADDRESS **7441 MORSE AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ Delete  
NAME **JONES, VIRGIL**  
STREET ADDRESS **7578 NEW KINGS RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara A. Woods*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-29-04*