

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36619

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: CHURCH ON THE WAY INC.

**Current Principal Place of Business:**

655 N.W. 125TH STREET  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 694482  
MIAMI, FL 33269

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CUFFY, GILBERT REV.  
1485 NW 193RD TER  
MIAMI, FL 33169 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: DP ( ) Delete  
Name: CUFFY, GILBERT,  
Address: 1485 NW 193RD TER  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: JOSEPH, PATRICIA  
Address: 1330 NW 82ND ST  
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete  
Name: NICHOLSON, PEARL  
Address: 15600 N.W. 7TH AVE. #217  
City-St-Zip: MIAMI, FL 33162

Title: D (X) Delete  
Name: HESKEITH, BANNIS  
Address: 6425 ROYAL PALM BLVD  
City-St-Zip: POMPANO BEACH, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: BANNIS, NOEL  
Address: 6425 ROYAL PALM BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33063

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: GILBERT CUFFY

DP

03/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date