ىيى،	* <u>PLEASE READ</u>	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
	PLICATION FOR	FLORIDA	A DEPARTMEN Sandra B. Mor Secretary of S	NT OF STATE	1	APEROVED ANO FELLO		
<u> </u>	STATEMENT	יום	VISION OF CORPOR	<del></del>		98 AUG 26 MIIII I	7	
DOCUMENT # N 37591 W98-78696					•			
THE CHURCH ON THE WAY BY FAITH, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address								
98 NORTH COTTAGE HILL RD.								
ORLANDO, FL 32805					 	GACHER ES PROPERTO	-n.4s.	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					<u> </u>	STATEMEN	93-9中国	
2. New Principal Office Address, if Applicable  MAELIZA GLOVER  Suite, Apt. #, etc.  3. New Mailing Office Address, if Application 98 NORTH COTTAGE  Suite, Apt. #, etc.					1	iess in Florida	1990	
1848 WILLIAMS MANOR AVE.)			ORLANDO, FL		5. FEI Number	59-3016140	Applied For Not Applicable	
Zip 328	ORLANDO, FL CountryORANGE	Zip 3280	-	ORANGE	6. CERTIFICATE		additional Fee required Certificate of Status	
7. Names	and Street Addresses of Each Officer and	<u> </u>			ıst 3 direct		. John Carle of Status	
Title(s)	Name of Officers and/or Directors 2	et Address of Each icer and/or Director e Post Office Box N	j	City / State /	Zip			
D MAELIZA GLOVER 1848 WILLIAMS					NOR AVE	ORLANDO, FL	70TT	
Т	CLEVELAND GLOVER	1856 WI	LLIAMS MA	ANOR AVE	.ORLANDO, FL 328	311		
	•					ORLANDO, FL 32		
D								
D	ARTHUR LEE ALLS	4/4/ 48	4747 ZARITA ST. ORLANDO,			2811		
T	DAISY SMITH 1856			ILLIAMS N	MANOR AV	E ORLANDO.FL 3	2811	
						J	7,27-48	
Name and Address of Current Registered Agent  Name					9. Name and Address of New Registered Agent			
MAELIZA GLOVER					-08/28/9801094-008 5 (P.O. Box Number is Not A#####42.50 ******42.50 5			
1848 WILLIAMS MANOR AVE. ORLANDO, FL 32811					Apt. #, Etc. 200002628132-7			
	ORDANDOY 12 SECT.		-03/28/9801094007  City ****500 996 ****500.00					
	appointed the registered agent of the abo	ve named corpor	ration, am familiar wit	h and accept the ob	ligations of Section	on 607.0505, F.S.		
Signature of Registered /	Agent / / Colonia	GISTERED AGE	NT MUST SIGN	ee		Date . 8///_	98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No (See other side for information on intangible tax.)								
12. I certify that <b>t</b> am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the <b>o</b> orporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
SIGNAT	URE: Maleurus AND TYPEOR PRIN	ITED NAME OF SI	MAL GRING OFFICER OF DE	RECTOR	8/	/// 98 (40 Date Daytime	7/523-1439	