

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

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 007 ****61.25

DOCUMENT # N37591

1. Entity Name

THE CHURCH ON THE WAY BY FAITH, INC.



Principal Place of Business

C/O MAELIZA GLOVER
98 N COTTAGE HILL RD
ORLANDO FL 32805

Mailing Address

PO BOX 555810
ORLANDO FL 32855-5810

44016344



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3084483

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLS, LORETTA
4747 ZORITA STREET
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name: Diane Scott
Street Address (P.O. Box Number is Not Acceptable):
313 Ronnie Cir.
Orlando FL 32811
City: Orlando State: FL Zip Code: 32811

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: Diane Scott

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 3-4-04

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: D ☐ Delete
NAME: GLOVER, MAELIZA
STREET ADDRESS: 1848 WILLIAMS MANOR AVE.
CITY-ST-ZIP: ORLANDO FL 32811

TITLE: T ☐ Delete
NAME: GLOVER, CLEVELAND
STREET ADDRESS: 1856 WILLIAMS MANOR AVE
CITY-ST-ZIP: ORLANDO FL 32811

TITLE: D ☐ Delete
NAME: LEE ALLS, ARTHUR
STREET ADDRESS: 4747-ZARITA-ST.
CITY-ST-ZIP: ORLANDO FL 32811

TITLE: T ☐ Delete
NAME: SMITH, DAISY
STREET ADDRESS: 1856 WILLIAMS MANOR AVE
CITY-ST-ZIP: ORLANDO FL 32811

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: secretary ☐ Change ☒ Addition
NAME: DIANE SCOTT
STREET ADDRESS: 313 RONNIE CIR.
CITY-ST-ZIP: ORLANDO FL 32811

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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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: Maeliza Glover Maeliza Glover 3/4/04 407-295-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #