

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90047 023 ****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

00012428

2. Principal Place of Business

98 N. Cottage Hill RD

3. Mailing Address

PO BOX 555810

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, DIANE
313 RONNIE CIR.
ORLANDO FL 32811

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 \$61.25
Due By May 1, 2005

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 S ☐ Delete
NAME SCOTT, DIANE
STREET ADDRESS 313 RONNIE CIR.
CITY-ST-ZIP ORLANDO FL 32811

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

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05 407-523-1439
Date Daytime Phone #