

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N37591
1. Entity Name
THE CHURCH ON THE WAY BY FAITH, INC.



Principal Place of Business
**98 N COTTAGE HILL RD
ORLANDO FL 32805**

Mailing Address
**PO BOX 555810
ORLANDO FL 32855-5810**



2. Principal Place of Business
**98 NORTH
Cottage Hill Rd**

3. Mailing Address
P.O. Box 555810

1st MOORE CR2E037 (10/05)

City & State
Orlando, FL 32805

City & State
Orlando, FL

Zip
32805

Country
ORANGE

Zip
32855-5810

Country
ORANGE

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 remaining) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, MAELIZA 1848 WILLIAMS MANOR AVE. ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD00000432341 02/23/06-80058-023 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, CLEVELAND 1856 WILLIAMS MANOR AVE ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE ALLS, ARTHUR 4747 ZARITA ST. ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, DAISY 1856 WILLIAMS MANOR AVE ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, DIANE 313 RONNIE CIR. ORLANDO FL 32811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **2/19/06 407-523-1439**