2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N37591

Entity Name: THE CHURCH ON THE WAY BY FAITH, INC.

Current Principal Place of Business:

98 N COTTAGE HILL RD
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

PO BOX 617133
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 59-3016140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, DIANE
313 RONNIE CIR.
ORLANDO, FL 32811 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:	D	( ) Delete
Name:	GLOVER, MAELIZA	
Address:	1848 WILLIAMS MANOR AVE.	
City-St-Zip:	ORLANDO, FL 32811	
Title:	T	( ) Delete
Name:	GLOVER, CLEVELAND	
Address:	1856 WILLIAMS MANOR AVE	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	LEE ALLS, ARTHUR	
Address:	4747 ZARITA ST.	
City-St-Zip:	ORLANDO, FL 32811	
Title:	T	( ) Delete
Name:	SMITH, DAISY	
Address:	1856 WILLIAMS MANOR AVE	
City-St-Zip:	ORLANDO, FL 32811	
Title:	S	( ) Delete
Name:	SCOTT, DIANE	
Address:	313 RONNIE CIR.	
City-St-Zip:	ORLANDO, FL 32811	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: GLOVER MAELIZA PAST 04/04/2009

Electronic Signature of Signing Officer or Director — Date