2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# N41476

Entity Name: CHURCH OF GOD THE BIBLE WAY INC.

Current Principal Place of Business:

766 HOBBS RD.
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

766 HOBBS RD.
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 59-2969281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COWART, CLAYTON
473 HONEY BEE LN
POLK CITY, FL 33868 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:	P	( ) Delete
Name:	COWART, C.A.,	
Address:	473 HONEYBEE LN	
City-St-Zip:	POLK CITY, FL 33868	
Title:	V	( ) Delete
Name:	MYERS, M.,	
Address:	2006 9TH CT. N.E.	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	T	( ) Delete
Name:	AKER, L.,	
Address:	2006 9TH CT. N.E.	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	( ) Delete
Name:	MYERS, J.,	
Address:	473 MYERS LANE	
City-St-Zip:	WINTER HAVEN, FL 33885	
Title:	V	( ) Delete
Name:	COWART, L.,	
Address:	473 HONEYBEE LN	
City-St-Zip:	POLK CITY, FL 33885	
Title:	D	( ) Delete
Name:	WHITE, PAUL	
Address:	510 DIXIE ANNA DR.	
City-St-Zip:	BOWLING GREEN, FL 33834	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: C A COWART P 02/26/2004

Electronic Signature of Signing Officer or Director — Date