

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41476

FILED
Mar 03, 2005
Secretary of State

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: D (X) Change () Addition
Name: MYERS, J.,
Address: 2006 9TH CT N.E.
City-St-Zip: WINTER HAVEN, FL 33881

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: CLAYTON COWART

P

03/03/2005

Electronic Signature of Signing Officer or Director

Date