

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41661

1. Entity Name

THE WAY UP CHRISTIAN FELLOWSHIP, INC.

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90003 039 ****70.00

Principal Place of Business

1950 LEE ROAD
SUITE 210
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 606151
ORLANDO FL 32860-8151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3063088

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required ^{10⁰⁹}

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALSUP, NELSON R.
1950 W. LEE RD.
SUITE 210
ORLANDO FL 32810

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ALSUP, NELSON R.
STREET ADDRESS 1221 W. LEE RD., STE 200
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME EMBRY, DAVID G
STREET ADDRESS 750 NE 165TH STREET
CITY-ST-ZIP CITRA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME ODHAM, PAUL A
STREET ADDRESS 1825 DEANNA DRIVE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Nelson R. Alsup 02-12-01 599-9772 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001100

CR2E037 (10/00)