

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42857 (5)

1. Corporation Name

CHURCH ON THE WAY FELLOWSHIP, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **07/08/1994**

4. FEI Number **65-0256873** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCKNIGHT, CHARLES F.
1450 24TH AVE. W.
PALMETTO FL 34221**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **MCKNIGHT, CHARLES F.**
STREET ADDRESS **8002 LAKE DRIVE**
CITY-ST-ZIP **PALMETTO FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1453 A 24TH Ave., W**
1.4 CITY-ST-ZIP

TITLE **D**
NAME **MCKNIGHT, REV. C. KEVIN**
STREET ADDRESS **4007 SLACK AVE.**
CITY-ST-ZIP **LOUISVILLE KY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **WHIDDON, MOODY K.**
STREET ADDRESS **811 19TH AVE W**
CITY-ST-ZIP **PALMETTO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **ST**
NAME **MCKNIGHT MARY C.**
STREET ADDRESS **1450 24TH AVE., W.**
CITY-ST-ZIP **PALMETTO FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **1453 A 24TH Ave., W**
4.4 CITY-ST-ZIP

TITLE **D**
NAME **BARRECA, LORENZO**
STREET ADDRESS **3721 81ST ST., W.**
CITY-ST-ZIP **BRADENTON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D**
NAME **MCGUIRE, LARRY**
STREET ADDRESS **1416 52ND S., E.**
CITY-ST-ZIP **PALMETTO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Charles F. McKnight **Charles F. McKnight (DP) 4-24-95 (813) 722-3536**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 11-27-94