

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N50442** (5)

1. Corporation Name

HIS WAY CHRISTIAN FELLOWSHIP ONC.

Principal Place of Business

**1034 BRADFORD DR.
WINTER PARK FL 32792**

Mailing Address

**1034 BRADFORD DR.
WINTER PARK FL 32792**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1992	3a. Date of Last Report 01/24/1996
--	--

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3147705

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**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, P.J.
1034 BRADFORD DR.
WINTER PARK FL 32792**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	TURNER, P.J.	
STREET ADDRESS	1034 BRADFORD RD.	
CITY - ST - ZIP	WINTER PARK FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	TRACY, SCOTT	
STREET ADDRESS	1630 OAKMONT LANE	
CITY - ST - ZIP	ORLANDO FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZAISE, STEVE	
STREET ADDRESS	1500 TYREL DR.	
CITY - ST - ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, WALTER	
STREET ADDRESS	400 S. ORANGE AVE.	
CITY - ST - ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FREELAND, CONNIE	
STREET ADDRESS	470 CITADEL DR.	
CITY - ST - ZIP	ALTAMONTE SPGS. FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RAUDY L. PATTERSON	
1.3 STREET ADDRESS	214 N. ALDERWOOD ST.	
1.4 CITY - ST - ZIP	WINTER SPRINGS FL 32788	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)