

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90190 001 \*\*\*\*61.25

DOCUMENT # N50442

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

08/19/1992

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

9. Name and Address of Current Registered Agent

TURNER, P.J.

1034 BRADFORD DR.  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME TURNER, P.J.  
STREET ADDRESS 1034 BRADFORD RD.  
CITY-ST-ZIP WINTER PARK FL

TITLE ST ☐ DELETE

NAME TRACY, SCOTT  
STREET ADDRESS 1630 OAKMONT LANE  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME PATTERSON, RANDAL  
STREET ADDRESS 214 N ALDERWOOD ST  
CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☐ DELETE

NAME HAWKINS, WALTER  
STREET ADDRESS 400 S. ORANGE AVE.  
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME FREELAND, CONNIE  
STREET ADDRESS 470 CITADEL DR.  
CITY-ST-ZIP ALTAMONTE SPGS. FL

TITLE D ☐ DELETE

NAME HOFMAN, EDWARD  
STREET ADDRESS 617 E COLONIAL DR  
CITY-ST-ZIP ORLANDO FL 32803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME KEVIN URICHKO  
1.3 STREET ADDRESS 530 DOS TRACK RD  
1.4 CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME RAY VANN  
2.3 STREET ADDRESS 2349 APOPKA BLVD  
2.4 CITY-ST-ZIP APOPKA, FL 32702

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

P.J. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/98 407-599-9770

Date Daytime Phone #

CR2E037 (11/98)