

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90133 042 ****61.25

DOCUMENT # N50442

1. Entity Name

HIS WAY CHRISTIAN FELLOWSHIP ONC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3147705

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 ☐ Delete
NAME **PC**
STREET ADDRESS **URICHKO, KEVIN**
CITY-ST-ZIP **530 DOS TRACK RD
LONGWOOD FL 32750**

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **FRANK TURNER**
CITY-ST-ZIP **1034 BRADFORD DR
WINTER PARK FL 32792**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **VANN, RAY**
CITY-ST-ZIP **2349 APOPKA BLVD
APOPKA FL 32702**

TITLE ☐ Change ☒ Addition
NAME **ST.**
STREET ADDRESS **TRACY, SCOTT**
CITY-ST-ZIP **1630 OAKMONT LN
ORLANDO FL.**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PATTERSON, RANDAL**
CITY-ST-ZIP **214 N ALDERWOOD ST
WINTER SPRINGS FL**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **SHARON PARKER**
CITY-ST-ZIP **311 PARK RIDGE LN.
LONGWOOD FL 32779**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HAWKINS, WALTER**
CITY-ST-ZIP **400 S. ORANGE AVE.
ORLANDO FL**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **LYNDIA OYLER**
CITY-ST-ZIP **951 NORTH LAKE SYLLIA.
MARIETTA FL 32751**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HART, LISA**
CITY-ST-ZIP **294 EAGLET WAY
LAKE MARY FL 32746**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOFMAN, EDWARD**
CITY-ST-ZIP **617 E COLONIAL DR
ORLANDO FL 32803**

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED FRANK TURNER 1/4/01 407-599-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)