

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90037 024 \*\*\*\*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

Zip

Country

Zip

Country

4. FEI Number

**59-3147705**

Applied For

Not Applicable

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

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

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

TITLE **VP** ☐ Change ☒ Addition  
NAME **P.J. TURNER**  
STREET ADDRESS **1034 BRADFORD DR.**  
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

TITLE **S/T** ☐ Change ☒ Addition  
NAME **SCOTT TRACY**  
STREET ADDRESS **1501 NOBLE ST.**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

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

TITLE ~~**D**~~ ☐ Change ☒ Addition  
NAME ~~**WILLIAM OYLER**~~  
STREET ADDRESS ~~**1104 NORTH AVE.**~~  
CITY-ST-ZIP ~~**MAITLAND, FL 32751**~~

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

TITLE **D** ☒ Change ☐ Addition  
NAME **KEVIN URICHKO**  
STREET ADDRESS **530 DOS TRACK RD.**  
CITY-ST-ZIP **LONGWOOD, FL 32750**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **LYNDIA OYLER**  
STREET ADDRESS **951 N. LAKE SYBELIA DR**  
CITY-ST-ZIP **MAITLAND, FL 32751**

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/02**  
Date

**407  
599-9770**  
Daytime Phone #

CR2E037 (9/01)