2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90085 015 ****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

01152004 Chg-NP CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC URICHKO, KEVIN 530 DOS TRACK RD LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANK TURNER 1034 Bradford Dr Winter Park FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANN, RAY 2349 APOPKA BLVD APOPKA, FL 32702	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P. J. TURNER 1034 Bradford Dr Winter Park FL 32792
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, RANDAL 214 N ALDERWOOD ST WINTER SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNDIA OYLER 951 N. LAKE SYBELIA. MAITLAND FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWKINS, WALTER 400 S. ORANGE AVE. ORLANDO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sharon Parks 311 Partridge Ln. Longwood FL 32779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HART, LISA 294 EAGLET WAY LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.T. Scott Tracy 1501 - Noble St. Longwood FL 32750
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFMAN, EDWARD 617 E COLONIAL DR ORLANDO, FL 32803	☐ Delete	TITLE / 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 all other like empowered.

SIGNATURE: Frank Turner 1/15/04 407-599-9770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #