

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90037 046 \*\*\*\*61.25

**DOCUMENT # N50442**

1. Entity 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

40017155



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

107-W Lake Faith Dr.  
Suite, Apt. #, etc.  
MAITLAND, FL.  
City & State

3. Mailing Address

107-W Lake Faith Dr.  
Suite, Apt. #, etc.  
MAITLAND FL  
City & State

4. FEI Number

59-3147705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

32751

Country

ORANGE

Zip

32751

Country

ORANGE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

107-W Lake Faith Dr

City

MAITLAND

FL

Zip Code

32751

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PC                   | <input type="checkbox"/> Delete |
| NAME           | URICHKO, KEVIN       |                                 |
| STREET ADDRESS | 530 DOS TRACK RD     |                                 |
| CITY-ST-ZIP    | LONGWOOD FL 32750    |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | VANN, RAY            |                                 |
| STREET ADDRESS | 2349 APOPKA BLVD     |                                 |
| CITY-ST-ZIP    | APOPKA FL 32702      |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | PATTERSON, RANDAL    |                                 |
| STREET ADDRESS | 214 N ALDERWOOD ST   |                                 |
| CITY-ST-ZIP    | WINTER SPRINGS 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           | HART, LISA           |                                 |
| STREET ADDRESS | 294 EAGLET WAY       |                                 |
| CITY-ST-ZIP    | LAKE MARY FL 32746   |                                 |
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | TURNER, FRANK        |                                 |
| STREET ADDRESS | 1034 BRADFORD DR.    |                                 |
| CITY-ST-ZIP    | WINTER PARK FL 32792 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | V.P.                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | P.J. TURNER         |  |
| STREET ADDRESS | 107-W Lake Faith Dr |  |
| CITY-ST-ZIP    | MAITLAND FL 32751   |  |
| TITLE          | S                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SCOTT TRACY         |  |
| STREET ADDRESS | 1501 NOBLE ST.      |  |
| CITY-ST-ZIP    | LONGWOOD FL 32750   |  |
| TITLE          | T                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | EDWARD HOTMA        |  |
| STREET ADDRESS | 617 E Colonial Dr   |  |
| CITY-ST-ZIP    | ORLANDO FL 32803    |  |
| TITLE          | P                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SHARON PARKE        |  |
| STREET ADDRESS | 311 PARTRIDGE LANE  |  |
| CITY-ST-ZIP    | LONGWOOD FL 32729   |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

FRANK TURNER

2/11/05

407-599-9770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #