

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50442

FILED
Feb 10, 2009
Secretary of State

Entity Name: HIS WAY CHRISTIAN FELLOWSHIP ONC.

Current Principal Place of Business:

107 W LAKE FAITH DR
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

107 W LAKE FAITH DR
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3147705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER JR., JAMES F
107 W LAKE FAITH DR
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: URICHKO, KEVIN
Address: 530 DOS TRACK RD
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: VANN, RAY
Address: 2349 APOPKA BLVD
City-St-Zip: APOPKA, FL 32702

Title: D () Delete
Name: PATTERSON, RANDAL
Address: 214 N ALDERWOOD ST
City-St-Zip: WINTER SPRINGS, FL

Title: D () Delete
Name: HAWKINS, WALTER
Address: 400 S. ORANGE AVE.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: HART, LISA
Address: 294 EAGLET WAY
City-St-Zip: LAKE MARY, FL 32746

Title: P () Delete
Name: TURNER, FRANK
Address: 107 W LAKE FAITH DR
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK TURNER

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date