

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90024 004 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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 NAME	PC URICHKO, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS	530 DOS TRACK RD	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE NAME	D VANN, RAY	<input type="checkbox"/> Delete
STREET ADDRESS	2349 APOPKA BLVD	
CITY-ST-ZIP	APOPKA FL 32702	
TITLE NAME	D PATTERSON, RANDAL	<input type="checkbox"/> Delete
STREET ADDRESS	214 N ALDERWOOD ST	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE NAME	D HAWKINS, WALTER	<input type="checkbox"/> Delete
STREET ADDRESS	400 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE NAME	D HART, LISA	<input type="checkbox"/> Delete
STREET ADDRESS	294 EAGLET WAY	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE NAME	D HOFMAN, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	617 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P FRANK TURNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1034 Bradford Dr.	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE NAME	V P.J. Turner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1034 Bradford Dr.	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE NAME	D Lyndia Oyler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	951 N Lake Selvia	
CITY-ST-ZIP	Maitland FL 32751	
TITLE NAME	D Sharon Parke	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	311 Partridge Ln.	
CITY-ST-ZIP	Longwood FL 32779	
TITLE NAME	S.T. Scott Tracy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1501 Noble St.	
CITY-ST-ZIP	Longwood FL 32750	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE REQUIRED**

P. 12/1/03 407-599-9770

CR2E037 (10/02)