

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:55

DOCUMENT # **N94000005363 (6)**

1. Corporation Name
CHURCH CHRIST IS THE WAY, INC.

Principal Place of Business Mailing Address
4520 CURRY FORD RD ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1994	3a. Date of Last Report
4. FEI Number 593272131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 721235
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ORLANDO FL
Zip 24 32812	Country 25
Zip 29 32872	Country 30 ORANGE.

9. Name and Address of Current Registered Agent
**LOPEZ, EDGARDO L REV.
1803-104 SILVERBRANCH BLVD
ORLANDO FL 32822**

10. Name and Address of New Registered Agent

81 Name LOPEZ EDGARDO L REV.
82 Street Address (P.O. Box Number is Not Acceptable) 5450 FOLKSTONE LN
83
84 City ORLANDO
85 Zip Code FL 32822

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE LOPEZ EDGARDO LUIS DATE 3/10/95
Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LOPEZ, EDGARDO L % 4520 CURRY FORD RD ORLANDO FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HINZ, PATRICIA E % 4520 CURRY FORD RD ORLANDO FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RODRIGUEZ, EFRAM % 4520 CURRY FORD RD ORLANDO FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RODRIGUEZ, ANETTE % 4520 CURRY FORD RD ORLANDO FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4520 CURRY FORD RD
1.4 CITY - ST - ZIP	ORLANDO FL 32812
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4520 CURRY FORD RD
2.4 CITY - ST - ZIP	ORLANDO FL 32812
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DS
3.3 STREET ADDRESS	WENCESLAO LUISO
3.4 CITY - ST - ZIP	7505 AMSTRONG RD ORLANDO FL 32810
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT
4.3 STREET ADDRESS	SONIA SEVILLA
4.4 CITY - ST - ZIP	4324 HECTOR CT - #2 ORLANDO FL 32822
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE 3/10/95 601 658 2993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR