

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005363 (6)

1. Corporation Name

CHURCH CHRIST IS THE WAY, INC.



Principal Place of Business

Mailing Address

4520 CURRY FORD RD
ORLANDO FL 32812
US

P.O. BOX 721235
ORLANDO FL 32872
US

3. Date Incorporated or Qualified

10/27/1994

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3272131

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, EDGARDO L. REV
5050 FOLKSTONE LANE
ORLANDO FL 32822

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DELETE

Change

Addition

TITLE

DP

NAME

LOPEZ, EDGARDO L

STREET ADDRESS

4520 CURRY FORD RD.

CITY - ST - ZIP

ORLANDO FL

TITLE

DV

DELETE

NAME

HINZ, PATRICIA E

STREET ADDRESS

4520 CURRY FORD RD

CITY - ST - ZIP

ORLANDO FL

TITLE

DS

DELETE

NAME

LUGO, WENSLEA O

STREET ADDRESS

7505 ARMSTRONG ROAD

CITY - ST - ZIP

ORLANDO FL

TITLE

DT

DELETE

NAME

SEVILLA, SONIA

STREET ADDRESS

4324 HECTOR CT #2

CITY - ST - ZIP

ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

5

ELSIE TORO

600 CRANES WAY DTD 104

ALFAMONTE SPRING FL 32701

D

JORGE ARROYO

5000 MILLAN DR

ORLANDO FL 32810

D

ROJAS LODIA

3500 PORTERFIELD RD

ORLANDO FL 32808

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGARDO L. Lopez 4/24/96

Date

678 2993

Daytime Phone #

CR2E037 (12/95)