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 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 4520 CURRY FORD RD, ORLANDO FL 32812 US
 Mailing Address: P.O. BOX 721235, ORLANDO FL 32872-1235 US

3. Date Incorporated or Qualified: 10/27/1994
 3a. Date of Last Report: 04/26/1996
 4. FEI Number: 59-3272131
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
 LOPEZ, EDUARDO L. REV
 5950 FOLKSTONE LANE
 ORLANDO FL 32822

10. Name and Address of New Registered Agent
 81 Name: LOPEZ EDUARDO L REV
 82 Street Address (P.O. Box Number is Not Acceptable): 6857 LONG NEEDLE CT.
 84 City: ORLANDO FL 85 Zip Code: 32822

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: Dr. EDUARDO L. Lopez DATE: 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP LOPEZ, EDUARDO L	1.1 TITLE	President
NAME	LOPEZ, EDUARDO L	1.2 NAME	LOPEZ, EDUARDO L.
STREET ADDRESS	4520 CURRY FORD RD.	1.3 STREET ADDRESS	6857 LONG NEEDLE CT
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL 32822
TITLE	S ELSIE TORO	2.1 TITLE	SECRETARY
NAME	ELSIE TORO	2.2 NAME	ANTONIO TAMAYO
STREET ADDRESS	600 CRANES WAY DTD104	2.3 STREET ADDRESS	552 MARI GOLD AVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	D JORGE ARROYO	3.1 TITLE	D
NAME	JORGE ARROYO	3.2 NAME	JORGE ARROYO
STREET ADDRESS	5500 MILLIAN SR	3.3 STREET ADDRESS	5500 MILLIAN SR
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO FL 32810
TITLE	D ROJAS LODIA	4.1 TITLE	D
NAME	ROJAS LODIA	4.2 NAME	ROJAS LODIA
STREET ADDRESS	3500 PORTERUSFIELD RD	4.3 STREET ADDRESS	2056 MAJESTIC WOOD BLVD
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	APOPKA FL 32712
TITLE		5.1 TITLE	TREASURER
NAME		5.2 NAME	JOSE CORTES
STREET ADDRESS		5.3 STREET ADDRESS	P.O. BOX 721235 N/A
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FL 32872
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

4/28/97 407 618 2993

CR2E037 (9/96)