

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005363

1. Entity Name

CHURCH CHRIST IS THE WAY, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90019 039 ****70.00

| | |
|--|---|
| Principal Place of Business P.O. BOX 721235 ORLANDO FL 32872 US | Mailing Address P.O. BOX 721235 ORLANDO FL 32872-1235 US |
|--|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|--|--|
| 4. FEI Number 59-3272131 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, EDGARDO L. REV
 6857 LONG NEEDLE CT.
 ORLANDO FL 32822

| |
|--|
| 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.

SIGNATURE _____ (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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LOPEZ, EDGARDO L | |
| STREET ADDRESS | 6857 LONG NEEDLE CT. | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | TAMAYO, ANTONIO | |
| STREET ADDRESS | 552 MARIGOLD AVE. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | TAMAYO, MIRIAM | |
| STREET ADDRESS | 552 MARIGOLD AVE | |
| CITY-ST-ZIP | ORLANDO FL 32807 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | LOPEZ-HINZ, NORMAN | |
| STREET ADDRESS | 6857 LONG NEEDLE COURT | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LOPEZ-HINZ, NORMAN | |
| STREET ADDRESS | 6857 LONG NEEDLE CT | |
| CITY-ST-ZIP | ORLANDO FL 32822 | |
| TITLE | | <input type="checkbox"/> Delete |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 407 658 2893
Date Daytime Phone #

CR2E037 (9/99)