2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005363

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

Principal Place of Business	Mailing Address
P.O. BOX 721235	P.O. BOX 721235
ORLANDO, FL 32872 US	ORLANDO, FL 32872 US

DO NOT WRITE IN THIS SPACE

01162004 No Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-3272131	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000134865
04/28/04-80037-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, EDGARDO L
STREET ADDRESS	6857 LONG NEEDLE CT.
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	SD
NAME	TAMAYO, ANTONIO
STREET ADDRESS	552 MARIGOLD AVE.
CITY-ST-ZIP	ORLANDO, FL

TITLE	TD
NAME	TAMAYO, MIRIAM
STREET ADDRESS	552 MARIGOLD AVE
CITY-ST-ZIP	ORLANDO, FL 32807

TITLE	D
NAME	LOPEZ-HINZ, NORMAN
STREET ADDRESS	6857 LONG NEEDLE CT
CITY-ST-ZIP	ORLANDO, FL 32822

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04
Date

407-28-4880
Daytime Phone #