

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005363

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



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

Mailing Address
P.O. BOX 721235
ORLANDO, FL 32872 US



01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3272131** Applied For
 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 _____ (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

000000134865
 04/28/04-80037-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, EDGARDO L 6857 LONG NEEDLE CT. ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAMAYO, ANTONIO 552 MARIGOLD AVE. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAMAYO, MIRIAM 552 MARIGOLD AVE ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ-HINZ, NORMAN 6857 LONG NEEDLE CT 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

407-28-4880

Date Daytime Phone #