

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005070

FILED
Jun 05, 2004
Secretary of State**Entity Name:** THE JESUS WAY INC.**Current Principal Place of Business:**2048 SE 31ST STREET
OCALA, FL 34471**New Principal Place of Business:****Current Mailing Address:**2048 SE 31ST STREET
OCALA, FL 34471**New Mailing Address:****FEI Number:** 65-0782419**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**STEWART, NANCY L
2020 SE 31ST STREET
OCALA, FL 34471**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MEAGHER, ANGEL
Address: 2020 SE 31ST STREET
City-St-Zip: OCALA, FL 34471

Title: PD () Delete
Name: STEWART, TRAVIS
Address: 2048 SE 31ST STREET
City-St-Zip: OCALA, FL 34471

Title: DT () Delete
Name: STEWART, YVONNE
Address: 2048 SE 31ST STREET
City-St-Zip: OCALA, FL 34471

Title: T () Delete
Name: POGUE, STEVE
Address: 6360 SOUTH 84TH EAST AVENUE
City-St-Zip: TULSA, OK 74133

Title: T () Delete
Name: RUGGLES, BRIAN
Address: 710 NW MAPLE
City-St-Zip: ANKENY, IA 50021

Title: T () Delete
Name: RUGGLES, MICHELLE
Address: 710 NW MAPLE
City-St-Zip: ANKENY, IA 50021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRAVIS STEWART

PD

06/05/2004

Electronic Signature of Signing Officer or Director

Date