

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005070

FILED
May 01, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEWART, NANCY L
2020 SE 31ST STREET
OCALA, FL 34471 US

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: BULLINGTON, JOHN
Address: 2836 SW 20 CIRCLE
City-St-Zip: Ocala, FL 34474

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
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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 exemption stated in Chapter 119, 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: NANCY L. STEWART

RA

05/01/2007

Electronic Signature of Signing Officer or Director

Date