2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005070

Entity Name: THE JESUS WAY INC.

FILED Apr 29, 2008 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|-------------------------------|---------------|--|--|------------------|----------------------|
| 2048 SE 31ST STREET OCALA, FL 34471 | | | | 49 JUNIPER TRAIL CIRCLE OCALA, FL 34470 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 2048 SE 31 OCALA, FL | | :T | | P.O. BOX 3 OCALA, FL | | | |
| FEI Number: | 65-0782419 | FEI Number Applied For (|) FEI Nun | nber Not Appli | cable () | Certificate of S | Status Desired () |
| 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 | | | | GRESSER, YORK 49 JUNIPER TRAIL CIRCLE OCALA, FL 34470 US | | | |
| The above in the State | | ty submits this statement for | the purpose o | f changing it | s registered o | ffice or registe | ered agent, or both, |
| SIGNATUR | E: YORK | GRESSER | | | | 04/29/2 | 2008 |
| | Elect | ronic Signature of Registered | d Agent | | | Date | |
| OFFICERS | AND DIRI | ECTORS: | | ADDITION | S/CHANGES | TO OFFICER | S AND DIRECTORS: |
| Title: Name: Address: City-St-Zip: | DVP MEAGHER, 2020 SE 31 OCALA, FL | ST STREET | | Title: Name: Address: City-St-Zip: | () |) Change()Add | ition |
| Title: Name: Address: City-St-Zip: | PD STEWART, 2048 SE 31 OCALA, FL | ST STREET | | Title: Name: Address: City-St-Zip: | PD (X) STEWART, DAI 2048 SE 31ST OCALA, FL 34 | STREET | lition |
| Title: Name: Address: City-St-Zip: | DT STEWART, 2048 SE 31 OCALA, FL | ST STREET | | Title: Name: Address: City-St-Zip: | () |) Change ()Add | ition |
| Title: Name: Address: City-St-Zip: | T BULLINGTO 2836 SW 20 OCALA, FL | CIRCLE | | Title: Name: Address: City-St-Zip: | COOLEY, PAUL 313 LARKSPUR | | lition |
| Title: Name: Address: City-St-Zip: | T RUGGLES, 710 NW MA ANKENY, IA | PLE | | Title: Name: Address: City-St-Zip: | () |) Change ()Add | ition |
| Title: Name: Address: City-St-Zip: | T RUGGLES, 710 NW MA ANKENY, IA | PLE | | Title: Name: Address: City-St-Zip: | T (X, STEWART, NAI 2020 SE 31ST OCALA, FL 34 | STREET | lition |

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: DANIEL TRAVIS STEWART PD 04/29/2008