2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N97000005070

Entity Name: THE JESUS WAY INC.

Current Principal Place of Business:

49 JUNIPER TRAIL CIRCLE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3911
OCALA, FL 34478

New Mailing Address:

FEI Number: 65-0782419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRESSER, YORK
49 JUNIPER TRAIL CIRCLE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

GRESSER, YORK R
49 JUNIPER TRAIL CIRCLE
OCALA, FL 34480 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: YORK R GRESSER 04/28/2009
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, DANIEL 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: COOLEY, PAUL
Address: 313 LARKSPUR AVE.
City-St-Zip: CORONA DEL MAR, CA 92625

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

Title: T ( ) Delete
Name: STEWART, NANCY L
Address: 2020 SE 31ST STREET
City-St-Zip: OCALA, FL 34471

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: DANIEL TRAVIS STEWART PD 04/28/2009
Electronic Signature of Signing Officer or Director Date