

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90068 024 ****75.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

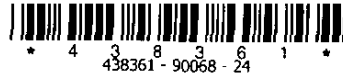


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001109

1. Corporation Name

ONE WAY FAMILY WORSHIP CENTER, INC.



Principal Place of Business

**681 MADRID DRIVE
KISSIMMEE FL 34745**

Mailing Address

**P O BOX 451908
KISSIMMEE FL 34745**



2. Principal Place of Business

21 5915 KALOGRIDIS RD

Suite, Apt. #, etc.

22

City & State

23 Haines City

Zip Country

24 33844 25 POLK

2a. Mailing Address

26 P O Box 451908

Suite, Apt. #, etc.

27

City & State

28 Kissimmee FLORIDA

Zip Country

29 34745 30

3. Date Incorporated or Qualified

02/25/1998

4. FEI Number

59-349-4257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PAYTON, OSCAR
681 MADRID DRIVE
KISSIMMEE FL 34759**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **PAYTON, OSCAR**
STREET ADDRESS **681 MADRID DRIVE**
CITY-ST-ZIP **KISSIMMEE FL 34759**

TITLE **D** ☐ DELETE

NAME **STUTZMAN, LARRY**
STREET ADDRESS **5235 JONES AVE**
CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE **D** ☐ DELETE

NAME **BUNTING, KEVIN**
STREET ADDRESS **2303 SWEET AIR COURT**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)