

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001109

1. Entity Name

ONE WAY FAMILY WORSHIP CENTER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -3 PM 1:44

Principal Place of Business

5915 KALOGRIDIS ROAD  
HAINES CITY FL 33844  
US

Mailing Address

P O BOX 451908  
KISSIMMEE FL 34745  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3494257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYTON, OSCAR  
681 MADRID DRIVE  
KISSIMMEE FL 34759

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10:29-2000

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME PAYTON, OSCAR  
STREET ADDRESS 681 MADRID DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE D ☒ Change ☐ Addition  
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 ☐ Change ☒ Addition  
NAME CHRISTOPHER HAN  
STREET ADDRESS 901 SAN MARCO DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE D ☒ Delete  
NAME BUNTING, KEVIN  
STREET ADDRESS 2303 SWEET AIR COURT  
CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ Change ☒ Addition  
NAME APRIL SKALA  
STREET ADDRESS 2573 SOUTH STEWART  
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME DONNA MAYHEW  
STREET ADDRESS 706 DEL RIO WAY  
CITY-ST-ZIP KISSIMMEE FL 34759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/28 /2000

863-432007

CR2E037 (5/00)