

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90075 030 ****61.25

DOCUMENT # N98000001109

1. Entity Name

ONE WAY FAMILY WORSHIP CENTER, INC.

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

902 East Lily Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite C

City & State
 Haines City FL 33844

City & State

Zip
 33894

Country
 POLK

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

PAYTON, OSCAR
 681 MADRID DRIVE
 KISSIMMEE FL 34759

7. Name and Address of New Registered Agent

Name
 PAYTON OSCAR

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

1013 FL AVE

City
 DUNDEE

FL

Zip Code
 33838

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

FILE NOW: FEE IS \$61.25

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PAYTON, OSCAR
 1013 FLORIDA AVE
 DUNDEE FL 33838 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 HAN, CHRISTOPHER
 901 SAN MARCO DRIVE
 KISSIMMEE FL 34758 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SKALA, APRIL
 2573 SOUTH STEWART
 KISSIMMEE FL 34746 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MAYHEW, DONNA
 706 DEL RIO WAY
 KISSIMMEE FL 34759 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ELLA MAE FENN
 706 DEL RIO WAY Kissimmee
 Florida 34759 ☐ Change ☐ Addition

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

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

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

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: Donna Mayhew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2002

Date

803-422-0107

Daytime Phone #

CR2E037 (9/01)