NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90464 050 ****70.00

DOCUMENT # N98000003483

1. Entity Name
CHRIST WAY Fellowship Church of God Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2164363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	Paul Sallee'	NAME	
STREET ADDRESS	4021 E. Grant St.	STREET ADDRESS	
CITY-ST-ZIP	Inverness, FL. 34453	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	McQueen, Tommy	NAME	
STREET ADDRESS	801 N. Woodlake Dr.	STREET ADDRESS	
CITY-ST-ZIP	Inverness, FL. 34453	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Beasley, Gary	NAME	
STREET ADDRESS	550 N. Independence Hwy	STREET ADDRESS	
CITY-ST-ZIP	Inverness, FL. 34453	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	McCarty, Ken	NAME	
STREET ADDRESS	408 S. Park Ave	STREET ADDRESS	
CITY-ST-ZIP	Inverness, FL. 34450	CITY-ST-ZIP	
TITLE	T.	TITLE	
NAME	Mitel, Norman	NAME	
STREET ADDRESS	8763 N. Dixie Dr.	STREET ADDRESS	
CITY-ST-ZIP	Dunnellon, FL. 34454	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Sallee' PAUL SALLEE' 5-6-04 352-726-9768