2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90352 028 ****61.25

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1. Entity Name
CHRIST WAY FELLOWSHIP CHURCH OF GOD INC.

Principal Place of Business	Mailing Address
972 CHRISTY WAY INVERNESS, FL 34453	972 CHRISTY WAY INVERNESS, FL 34453

50040823

01212005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

SALLEE, PAUL
4021 E. GRANT ST
INVERNESS, FL 34453

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALLEE, PAUL
STREET ADDRESS	4021 E GRANT ST
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	S
NAME	MCQUEEN, TOMMY
STREET ADDRESS	801 N WOODLAKE DR.
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	BEASLEY, GARY
STREET ADDRESS	550 N. INDEPENDENCE HWY
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	T
NAME	MCCARTY, KEN
STREET ADDRESS	408 S. PARK AVE
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	T
NAME	MITCH, NORM SR
STREET ADDRESS	8763 N. DIXIE DR
CITY-ST-ZIP	DUNNELLON, FL 34454
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul Sallee 4-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #