

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 028 ****61.25

DOCUMENT # N99000001340

1. Entity Name
FAIRWAY CHRISTIAN CHURCH, INC.



Principal Place of Business
**251 AVENIDA LOS ANGELOS
THE VILLAGES, FL 32162**

Mailing Address
**P.O. BOX 271
LADY LAKE, FL 32158**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3560337

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ECTON, DONALD L
1206 CAMERO DRIVE
THE VILLAGES, FL 32159**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**POD
BUSSA, HERBERT D
909 OLEANDER ST.
LADY LAKE, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MD
ECTON, DONALD L
1206 CAMERO DRIVE
THE VILLAGES, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MCCLURE, ALLAN M
1305 ARRENDONDO DR
THE VILLAGES, FL 32159**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

ALLAN MCCLURE 1-8-2007 352-259-9395