1999

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



DOCUMENT # P9700021289

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90215 029 ***150.00

1. Corporation HIS WAY	BIBLE & PRINT SHOP, IN	VC.				
Principal Place of Business Mailing Address						(8 21862 1814 1817 1862
2155 W COLONIAL DR 4630 S KIRKMAN RD #144 S-8 ORLANDO FL 32811-2802					,	•
ORLANDO FL 32804					DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualifed 03/01/1997	44.
2. Principal Pl	ace of Business	2a. Mailing Address	1,00.1	Blosson	4. FEI Number 59-3436565	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	yo .		* Cortificate of Status Desired	.75 Additional ee Required
City & Stat			FL		Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Counti	v	8. This corporation owes the current year Intangible	<u></u> -
24	25	— • • • • • • • • • • • • • • • • • • •	30 LQ	Ś	Personal Property Tax.	
	g. Name and Address of Curre	,, ,-			10. Name and Address of New Registered Agent	
STRAUGHTER, BETTY J				,,,,,,,,		<u>.</u>
4569 WHEATLEY ST				2 Street A	ddress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32811				83		
			8	4 City	FL 85	Zip Code
office or 6	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	horized b	v the comor	orporation submits this statement for the purpose of chang ation's board of directors. I hereby accept the appointment	ing its registered as registered
SIGNATURE					uited when reinstating) DATE	
	Signature, typed or printed name of registered ag		<u> </u>	ent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
12.	D OFFICERS A	ND DIRECTORS	13.	1		hange Addition
NAME	STRAUGHTER, BETTY J		1.2 NAME	!	, –	
STREET ADDRESS	4569 WHEATLEY ST			ET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			hange Addition
NAME			2.2 NAME		·	•
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	•		2.4 CITY			
TITLE		☐ DELETE	3.1 TITLE		. 🗀 c	hange ~ [] Addition
NAME	. I a sugar		3.2 NAME			
STREET ADDRESS		-	3.3 STRE	ET ADDRESS	المستعلق المستعلق المستعلق المستعلق المستعلق المستعلق المستعلي المستعلق المستعلق المستعلق المستعلق المستعلق الم	* -
C/TY-ST-ZIP			3.4. CITY	- ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE			hange Addition
NAME			4, 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

UZURED SIGNATURE:

Change

Change

☐ Addition

Addition