

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37591

**Entity Name:** THE CHURCH ON THE WAY BY FAITH, INC.**Current Principal Place of Business:**98 N COTTAGE HILL RD  
ORLANDO, FL 32805**Current Mailing Address:**PO BOX 617133  
ORLANDO, FL 32861**FEI Number: 59-3016140****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOTT, DIANE  
313 RONNIE CIR.  
ORLANDO, FL 32811 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | D                        |
| Name            | GLOVER, MAELIZA          |
| Address         | 1848 WILLIAMS MANOR AVE. |
| City-State-Zip: | ORLANDO FL 32811         |

|                 |                         |
|-----------------|-------------------------|
| Title           | T                       |
| Name            | GLOVER, CLEVELAND       |
| Address         | 1856 WILLIAMS MANOR AVE |
| City-State-Zip: | ORLANDO FL 32811        |

|                 |                  |
|-----------------|------------------|
| Title           | D                |
| Name            | LEE ALLS, ARTHUR |
| Address         | 4747 ZARITA ST.  |
| City-State-Zip: | ORLANDO FL 32811 |

|                 |                         |
|-----------------|-------------------------|
| Title           | T                       |
| Name            | SMITH, DAISY            |
| Address         | 1856 WILLIAMS MANOR AVE |
| City-State-Zip: | ORLANDO FL 32811        |

|                 |                  |
|-----------------|------------------|
| Title           | S                |
| Name            | SCOTT, DIANE     |
| Address         | 313 RONNIE CIR.  |
| City-State-Zip: | ORLANDO FL 32811 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MAELIZA GLOVER****DIRECTOR****02/14/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date