2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2024
Secretary of State
6558205721CC

DOCUMENT# N41476

Entity Name: CHURCH OF GOD THE BIBLE WAY INC.

Current Principal Place of Business:

3707 AVENUE M NW
WINTER HAVEN, FL 33881

Current Mailing Address:

3707 AVENUNE M NW
WINTER HAVEN, FL 33881

FEI Number: 59-2969281

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COWART, CLAYTON
470 LAKE GEORGE RD
LAKE ALFRED, FL 33850 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	P
Name	COWART, C.A.
Address	473 HONEYBEE LN
City-State-Zip:	POLK CITY FL 33868

Title	D
Name	WILLIAMS, RUPERT
Address	745 NEW HOPE ST.
City-State-Zip:	AUBURNDALE FL 33823

Title	DIRECTOR
Name	WASHINGTON, HARVEY
Address	2621 ROXIE AVENUE
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	SHAW, ADRIAN
Address	6322 MAGNOLIA TRAILS LANE
City-State-Zip:	GIBSONTON FL 33534

Title	DIRECTOR
Name	AKER, L.
Address	2006 9TH CT. N.E.
City-State-Zip:	WINTER HAVEN FL 33881

Title	V
Name	COWART, L.
Address	473 HONEYBEE LN
City-State-Zip:	POLK CITY FL 33885

Title	VP
Name	MCCLOUD, IRA J
Address	1132 11TH STREET
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	JONATHAN, BROOKSHIRE
Address	2009 HOUSTON AVENUE
City-State-Zip:	VALDOSTA GA 31602

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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: CLAYTON COWART PRESIDENT 01/10/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KEVIIN, WILLIAMS
Address	514 S. LAKELAND AVE
City-State-Zip:	ORLANDO FL 32805