

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1995 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41476 (5)
1. Corporation Name

CHURCH OF GOD THE BIBLEWAY INC.

Principal Place of Business

Mailing Address

**766 HOBBS ROAD
AUBURNDALE, FL**

**766 HOBBS ROAD
AUBURNDALE, FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1990

3a. Date of Last Report

4. FEI Number
592969281

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **766 Hobbs Road**
Suite, Apt. #, etc.

26 **Same as shown**
Suite, Apt. #, etc.

22
City & State

27
City & State

23 **Auburndale, FL**

28 **Same as shown**

24 **33823** 25 **Polk**

29 **same** 30 **SAME**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Cowart, Clayton
473 Honey Bee Lane
Polk City, FL 33686**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

GATE

12. OFFICERS AND DIRECTORS

TITLE: **D/P**
NAME: **Cowart, C.A.**
STREET ADDRESS: **Cowart, C.A.**
CITY - ST - ZIP: **473 Honey Bee Ln, Polk City, FL**

TITLE: **D/V**
NAME: **Myers, M.**
STREET ADDRESS: **2006 9th Ct. N.E., Winter Haven, FL**
CITY - ST - ZIP: **2006 9th Ct. N.E., Winter Haven, FL**

TITLE: **D/T**
NAME: **Alter, L.**
STREET ADDRESS: **2006 9th Ct. N.E., Winter Haven, FL**
CITY - ST - ZIP: **2006 9th Ct. N.E., Winter Haven, FL**

TITLE: **D**
NAME: **Myers, J.**
STREET ADDRESS: **623 Myers Lane, Winter Haven, FL**
CITY - ST - ZIP: **623 Myers Lane, Winter Haven, FL**

TITLE: **D/V**
NAME: **Cowart, L.**
STREET ADDRESS: **473 Honey Bee Ln, Polk City, FL**
CITY - ST - ZIP: **473 Honey Bee Ln, Polk City, FL**

TITLE: **D**
NAME: **Hird, D.**
STREET ADDRESS: **3829 Ave. J, N.W., Winter Haven, FL**
CITY - ST - ZIP: **3829 Ave. J, N.W., Winter Haven, FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME: **700001492927**
13 STREET ADDRESS: **-05/18/95--01012--009**
14 CITY - ST - ZIP: ******130.00 ****130.00**

21 TITLE: Change Addition
22 NAME: **700001492927**
23 STREET ADDRESS: **-05/18/95--01012--010**
24 CITY - ST - ZIP: *******8.75**

31 TITLE: Change Addition
32 NAME: **700001492927**
33 STREET ADDRESS: **-05/18/95--01012--010**
34 CITY - ST - ZIP: *******8.75**

41 TITLE: Change Addition
42 NAME: **700001492927**
43 STREET ADDRESS: **-05/18/95--01012--010**
44 CITY - ST - ZIP: *******8.75**

51 TITLE: Change Addition
52 NAME: **700001492927**
53 STREET ADDRESS: **-05/18/95--01012--010**
54 CITY - ST - ZIP: *******8.75**

61 TITLE: Change Addition
62 NAME: **700001492927**
63 STREET ADDRESS: **-05/18/95--01012--010**
64 CITY - ST - ZIP: *******8.75**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with no address.

SIGNATURE:

Clayton A. Cowart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Name #