2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010167

Title:

Name:

Address:

City-St-Zip:

FILED Jul 05, 2009 Secretary of State

Entity Name: CONSERVE ALL WAYS, INC			
Current Principal Place of Business:		New Principal Place of Business:	
	ILEY ROAD A, FL 32766		
Current Mailing Address:		New Mailing Address:	
P.O. BOX 180834 CASSELBERRY, FL 32718			
FEI Number: 20-0731562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
SCHAFER, DEBORAH A 1740 BRUMLEY ROAD CHULUOTA, FL 32766 US			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing its registered o	ffice or registered agent, or both,
SIGNATUR	E:		
Electronic Signature of Registered Agent			Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete BARNES, STEVE 400W CRYSTAL DR SANFORD, FL 32773	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete BUNKER, ALEX 868 LITTLE RIVER BEND RD ALTAMONTE SPRINGS, FL 32714	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	S () Delete BRODEUR, TIMOTHY 684 VISTAWILLA DRIVE WINTER SPRINGS, FL 32708	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	T () Delete BAUER, JEFFERY 1138 POINT TERRACE #202 CASSELBERRY, FL 32707	Title: () Name: Address: City-St-Zip:	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY BAUER T 07/05/2009

() Delete

() Change (X) Addition

DEBORAH, SCHAFER A CHAIR 1740 BRUMLEY ROAD

CHULUOTA, FL 32766