

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2008  
Secretary of State

DOCUMENT# N05000003924

Entity Name: THE WAY MUSEUM, INC.

**Current Principal Place of Business:**

135 E. 4TH AVE.  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1403  
MT. DORA, FL 32756

**New Mailing Address:**

FEI Number: 54-2171886      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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: BERNDT, DAVID  
Address: 135 E. 4TH AVE.  
City-St-Zip: MT. DORA, FL 32757

Title: VD ( ) Delete  
Name: MATTSON, GEORGE  
Address: 135 E. 4TH AVE.  
City-St-Zip: MT. DORA, FL 32757

Title: SD ( ) Delete  
Name: ELDER, ROBERT  
Address: 135 E. 4TH AVE.  
City-St-Zip: MT. DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DAVID BERNDT

P

05/01/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date