

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009882

FILED  
Sep 13, 2009  
Secretary of State

Entity Name: LIFE ON THE WAY MINISTRIES, INC.

**Current Principal Place of Business:**

6512 LAS PALMAS WAY  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

6512 LAS PALMAS WAY  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 20-5806541      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:**

BUTLER, SANDRA G  
1371 HEATHER STREET  
PORT ST. LUCIE, FL 34983      US

**Name and Address of New Registered Agent:**

BUTLER, SANDRA G  
6512 LAS PALMAS WAY  
PORT ST. LUCIE, FL 34952      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: SANDRA G. BUTLER

09/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ESPOZITO, LISA  
Address: 1371 HEATHER STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP ( ) Delete  
Name: BARBRE, CATHERINE L  
Address: 142 SE WHITMORE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: DIR ( ) Delete  
Name: AVERY, BARBARA  
Address: 1371 HEATHER STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

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

Title: PRES (X) Change ( ) Addition  
Name: ESPOZITO, LISA  
Address: 6512 LAS PALMAS WAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP (X) Change ( ) Addition  
Name: BARBRE, CATHERINE L  
Address: 6512 LAS PALMAS WAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DIR (X) Change ( ) Addition  
Name: AVERY, BARBARA  
Address: 6512 LAS PALMAS WAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: CATHERINE BARBRE

DIR

09/13/2009

Electronic Signature of Signing Officer or Director

Date