

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007943

FILED
Jan 26, 2012
Secretary of State

Entity Name: A WAY OUT RECOVERY INC.

Current Principal Place of Business:

1005 MAIN ST
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

1005 MAIN ST
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 27-3306231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, WILLIAM H
1005 MAIN STREET
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

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: D
Name: FOLEY, WILLIAM
Address: 1005 MAIN ST
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: ROBERTSON, JULIE
Address: 112 FLORIDANA RD
City-St-Zip: DEBARY, FL 32713

Title: D
Name: HARRIS, REVA
Address: 320 INDIAN RIVER AVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D
Name: PARILLO, ERLA
Address: 5280 WATERMILL LN
City-St-Zip: TITUSVILLE, FL 32780

Title: D
Name: LEONARD, DAVID
Address: 206 S HOPKINS AVE
City-St-Zip: TITUSVILLE, FL 32796

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: WILLIAM FOLEY

D

01/26/2012

Electronic Signature of Signing Officer or Director

Date