

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91048 039 ****61.25

DOCUMENT # N03000004690

1. Entity Name

A WILL & WAY, INC.



Principal Place of Business

3104 LAS BRISAS DR.
PENSACOLA FL 32526

Mailing Address

3104 LAS BRISAS DR.
PENSACOLA FL 32526

2. Principal Place of Business

5330 Mobile Hwy Sk 3B

Suite, Apt. #, etc.

Pensacola, FL

City & State

32526

Zip

Country

US

3. Mailing Address

P.O. Box 37044

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32526

Country

US



MOORE

CR2E037 (11/03)

4. FEI Number

65-1188192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANBERRY, WILLIEMAE
3104 LAS BRISAS DR.
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STANBERRY, WILLIEMAE
STREET ADDRESS P.O. BOX 37044
CITY - ST - ZIP PENSACOLA FL 32526 ☐ Delete

TITLE VD
NAME SANCHEZ, GEORGENA
STREET ADDRESS 886 VALLEY RIDGE DR.
CITY - ST - ZIP PENSACOLA FL 32514 ☐ Delete

TITLE SD
NAME SHUMAKE, ALFREDA
STREET ADDRESS 7225 W. FAIFIELD DR. B-3
CITY - ST - ZIP PENSACOLA FL 32506 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04

858 455 2153