

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90034 003 ****61.25

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1. Entity Name
A WILL & WAY, INC.



Principal Place of Business
**5330 MOBILE HWY
STE 3B
PENSACOLA, FL 32526**

Mailing Address
**P.O. BOX 37044
PENSACOLA, FL 32526**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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

Williemae Stanberry

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

(NOTE: Registered Agent signature required when reinstating)

1-20-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE	VB-TD
NAME	SANGHEZ, GEORGENA <i>Teresa Lott</i>
STREET ADDRESS	886 VALLEY RIDGE DR.
CITY-ST-ZIP	PENSACOLA, FL 32514

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Williemae Stanberry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06

Date

800 455 2153

Daytime Phone #