

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004690			
1. Entity Name A WILL & WAY, INC.		Principal Place of Business 5330 MOBILE HWY STE 3B PENSACOLA, FL 32526	
2. Principal Place of Business - No P.O. Box # 3300N. Pace Blvd. #		Mailing Address P.O. BOX 37044 PENSACOLA, FL 32526	
Suite, Apt. #, etc. 125		3. Mailing Address Suite, Apt. #, etc.	
City & State Pensacola FL 32505		City & State	
Zip	Country	Zip	Country
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	
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.		4. FEI Number 65-1188192	
5. Certificate of Status Desired <input type="checkbox"/>		CR2E037 (12/06)	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME STANBERRY, WILLIEMAE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 37044	CITY-ST-ZIP PENSACOLA, FL 32526		
TITLE VD	NAME BONNER, KAREN D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8281 GROVELAND AVE	CITY-ST-ZIP PENSACOLA, FL 32534		
TITLE SD	NAME SHUMAKE, ALFREDA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7225 W. FAIFIELD DR. B-3	CITY-ST-ZIP PENSACOLA, FL 32506		
TITLE TD	NAME JONES, CAROLYN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 324 W STRONG ST	CITY-ST-ZIP PENSACOLA, FL 32501		
TITLE D	NAME LOTT, TERESA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 11558 DUELING OAKS CT	CITY-ST-ZIP PENSACOLA, FL 32514		
TITLE D	NAME BROWN, MARY ALICE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3711 MC CLELLAN RD	CITY-ST-ZIP PENSACOLA, FL 32503		
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: <i>Williemae Stanbury</i> <i>Williemae Stanbury</i> 4/25/08 850 455-2153			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

08 MAY -2 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04172008 Chg-NP CR2E037 (12/06)

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008

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	<input type="checkbox"/> Delete
NAME	STANBERRY, WILLIEMAE	
STREET ADDRESS	P.O. BOX 37044	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BONNER, KAREN D	
STREET ADDRESS	8281 GROVELAND AVE	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHUMAKE, ALFREDA	
STREET ADDRESS	7225 W. FAIFIELD DR. B-3	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, CAROLYN	
STREET ADDRESS	324 W STRONG ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOTT, TERESA	
STREET ADDRESS	11558 DUELING OAKS CT	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MARY ALICE	
STREET ADDRESS	3711 MC CLELLAN RD	
CITY-ST-ZIP	PENSACOLA, FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	300129221989	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	05/13/08--01032--016 **61.25	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Williemae Stanbury* *Williemae Stanbury* 4/25/08 850 455-2153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR