

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004690

FILED
Apr 30, 2009
Secretary of State

Entity Name: A WILL & WAY, INC.

Current Principal Place of Business:

3300 N. PACE BLVD.
STE. 125
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37044
PENSACOLA, FL 32526

New Mailing Address:

FEI Number: 65-1188192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STANBERRY, WILLIEMAE
3104 LAS BRISAS DR.
PENSACOLA, FL 32526 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: PD () Delete
Name: STANBERRY, WILLIEMAE
Address: P.O. BOX 37044
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: BONNER, KAREN D
Address: 8281 GROVELAND AVE
City-St-Zip: PENSACOLA, FL 32534

Title: SD () Delete
Name: SHUMAKE, ALFREDA
Address: 7225 W. FAIRFIELD DR. B-3
City-St-Zip: PENSACOLA, FL 32506

Title: TD () Delete
Name: JONES, CAROLYN
Address: 324 W STRONG ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: LOTT, TERESA
Address: 11558 DUELING OAKS CT
City-St-Zip: PENSACOLA, FL 32514

Title: D () Delete
Name: BROWN, MARY ALICE
Address: 3711 MC CLELLAN RD
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: LOTT, TERESA
Address: 11558 DUELING OKS
City-St-Zip: PENSACOLA, FL 32514

Title: TD (X) Change () Addition
Name: SANCHEZ, GEORGENA
Address: 886 VALLEY RIDGE DR
City-St-Zip: PENSACOLA, FL 32514

Title: D (X) Change () Addition
Name: SHUMAKE, ALFREDA
Address: 7225 FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 32506

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIEMAE STANBERRY

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date