

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007943

**FILED**  
**Mar 11, 2013**  
**Secretary of State**  
**CC6281481468**

**Entity Name:** A WAY OUT RECOVERY INC.

**Current Principal Place of Business:**

1005 MAIN ST  
TITUSVILLE, FL 32796

**Current Mailing Address:**

1005 MAIN ST  
TITUSVILLE, FL 32796

**FEI Number:** 27-3306231

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

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

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

Title D  
Name LEONARD, DAVID  
Address 206 S HOPKINS AVE  
City-State-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

**REGISTERED AGENT**

**03/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date