## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734387** 

Entity Name: THE HOLY WAY, INC.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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7618 N. SHILLELAGH AVE. CRYSTAL RIVER, FL 34428

Current Mailing Address: New Mailing Address:

P. O. BOX 2379 2618 N US HWY 231 CRYSTAL RIVER, FL 34423 OZARK, AL 36360

FEI Number: 59-1631919 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MILLER, J D 7618 N. SHILLELAGH AVE. CRYSTAL RIVER, FL 34428 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:

SNATURE.

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD ( ) Delete Title: VP (X) Change ( ) Addition Name: MILLER, J D Name: MILLER, J D

Address: 7618 N. SHILLELAGH AVE. Address: 7618 N. SHILLELAGH AVE.
City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: CRYSTAL RIVER, FL 34428

Name: HATFIELD, KYLE Name: HATFIELD, KAY
Address: 7618 N SHILLELAGH AVE Address: 7618 N SHILLELAGH AVE

Address: 7618 N SHILLELAGH AVE
City-St-Zip: CRYSTAL RIVER, FL 34428
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HATFIELD, LÄRRY E
 Name:

 Address:
 7618 N SHILLELAGH AVE
 Address:

 City-St-Zip:
 CRYSTAL RIVER, FL 34428
 City-St-Zip:

 $\label{eq:title: V () Delete Title: S (X) Change () Addition} \end{minipage}$ 

 Name:
 HUNTER, RODGER
 Name:
 MILLER, CHERYL

 Address:
 7618 N SHILLELAGH AVE
 Address:
 7618 N SHILLELAGH AVE

 City-St-Zip:
 CRYSTAL RIVER, FL 34428
 City-St-Zip:
 CRYSTAL RIVER, FL 34428

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 HUNTER, RODGER
 Name:

 Address:
 P.O. BOX 734
 Address:

 City-St-Zip:
 PAHOKEE, FL 33476
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL MILLER S 03/29/2006