

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769879

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: WAY OF LIFE UNITY CENTER, INC.

## Current Principal Place of Business:

1797 HURLBURT RD  
FT WALTON BCH, FL 32547 US

## New Principal Place of Business:

## Current Mailing Address:

1797 HURLBURT RD  
FT WALTON BCH, FL 32547 US

## New Mailing Address:

FEI Number: 59-2369655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHMIDT, GEORGE A  
1797 HURLBURT RD  
FT WALTON BCH, FL 32547 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: P ( ) Delete  
Name: SMITH, JAMES L  
Address: 823 OVERBROOK DR.  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: V ( ) Delete  
Name: WILLI, THOMAS  
Address: 58 HEMLOCK DR., N.W.  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S ( ) Delete  
Name: WHITE, MARY ALICE  
Address: 43 WARWICK DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: T ( ) Delete  
Name: DAVIS, LOUISE  
Address: 590 SUMMERBROOKE PARK RD.  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T (X) Delete  
Name: ANTHONY, ERIKA  
Address: 75 10TH STREET  
City-St-Zip: SHALIMAR, FL 32579

Title: T (X) Delete  
Name: VASQUEZ, JAMES  
Address: 75 9TH STREET  
City-St-Zip: SHALIMAR, FL 32579

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: VASQUEZ, JAMES  
Address: 75 9TH ST.  
City-St-Zip: SHALIMAR, FL 32579

Title: S (X) Change ( ) Addition  
Name: WILLI, THOMAS  
Address: 58 HEMLOCK DR.  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

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

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: JAMES L SMITH

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date