

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769879

**FILED**  
**Feb 22, 2010**  
**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: V  
Name: SMITH, JAMES L  
Address: 823 OVERBROOK DR.  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: P  
Name: VASQUEZ, JAMES  
Address: 75 9TH ST.  
City-St-Zip: SHALIMAR, FL 32579

Title: S  
Name: WOODS, KABE  
Address: 240 BROOKS ST. SE  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

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:** JAMES VASQUEZ

P

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date