

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001818

1. Entity Name
NATURE'S WAY OUT, INC.



Principal Place of Business
2340 GREENLEAF ROAD
ZOLFO SPRINGS, FL 33890

Mailing Address
PO BOX 386
WAUCHULA, FL 33873



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0573703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARD, SAMUAL J
207 WEST PARK AVE., STE B
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000147540
05/03/04-80110-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SMITH, ROBERT R JR.
POST OFFICE BOX 1186
ZOLFO SPRINGS, FL 33890

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SMITH, MELANIE A MS.
POST OFFICE BOX 1186
ZOLFO SPRINGS, FL 33890

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
SMITH, LINDSEY R MS.
POST OFFICE BOX 1186
ZOLFO SPRINGS, FL 33890

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Robert R. Smith Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04

Date

863-735-0552

Daytime Phone #