FILED
Jul 03, 2003 8:00 am
Secretary of State
05-06-2003 90036 024 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #N02000004201

1. Entity Name
HALF-WAY HOME, INC.

$$050412

[redacted]

Principal Place of Business	Mailing Address
12911 CHETS CREEK DRIVE NORTH JACKSONVILLE, FL 32224	12911 CHETS CREEK DRIVE NORTH JACKSONVILLE, FL 32224

[redacted]

2. Principal Place of Business	3. Mailing Address
12911 Chets Creek Dr N Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32224 County: USA	Zip / Country

4. FEI Number: 043674981 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUNA, ANGELA 12911 CHETS CREEK DRIVE NORTH JACKSONVILLE, FL 32224	Name: Luna, Angela Street Address (P.O. Box Number is Not Acceptable): 12911 Chets Creek Dr N City: Jacksonville FL Zip Code: 32224

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: Angela Luna DATE: 5/

FILING OFFICER'S REPORT

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

Certificate of Status Ordered ☐

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / VICE PRESIDENT ☐ Delete ANGELA LUNA 12911 CHETS CREEK DR N. JACKSONVILLE FL 32224 D	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ☐ Delete SABRINA JOHNSON-ANCKNEY 3852 YARBOROUGH DR JACKSONVILLE FL 32277	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER ☐ Delete AMANDA LEE 1648 VURGESS HILL DR E JACKSONVILLE FL 32246	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

ORDER07 (10/02)

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 asterisk, with all other like empowered.

SIGNATURE: Angela Luna 5/1/03 904 821-9564
SIGNATURE AND TITLE OR PRINT THE NAME OF A DIRECTOR OR OFFICER — Date — Daytime Phone #