

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006160

Entity Name: MAKING-A-WAY, INC.

FILED  
May 10, 2004  
Secretary of State

## Current Principal Place of Business:

30 WELLER LANE  
PALM COAST, FL 32164

## New Principal Place of Business:

PO BOX 354481  
PALM COAST, FL 32135 US

## Current Mailing Address:

30 WELLER LANE  
PALM COAST, FL 32164

## New Mailing Address:

5725 RIVER RUN TRAIL  
FORT WAYNE, IN 46825

FEI Number: 20-0816275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOWELL, SIDNEY M ESQ.  
300 NORTH STATE STREET  
BUNNELL, FL 32110 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Change (X) Addition  
Name: WILLIAMS-BELLE, LISA M  
Address: 5725 RIVER RUN TRAIL  
City-St-Zip: FORT WAYNE, IN 46825 US

Title: DIR. ( ) Change (X) Addition  
Name: BACON, ADRIA L  
Address: 30 WELLER LANE  
City-St-Zip: PALM COAST, FL 32164

Title: DIR. ( ) Change (X) Addition  
Name: RICHARDSON, ELGIEN J  
Address: 424 BOLTZ STREET  
City-St-Zip: FORT WAYNE, IN 46825 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA M. WILLIAMS-BELLE

PRES

05/10/2004

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

\_\_\_\_\_  
Date