2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

	 	ANNUAL	
 <u> </u>			

1. Entity Nam	19	# N0400001 G WAY INSTITUTE						05-01-2008 90		61.25	
Principal Place of Business 911 NW 209TH AVENUE, SUITE 121 PEMBROKE PINES, FL 33029 US				Mailing Address 911 NW 209TH AVENUE, SUITE 121 PEMBROKE PINES, FL 33029 US				1 F ar inian and Africa	ONNI STUU ETKU ETKU STUU STUU	S a hiri kana iika akal ii	knej el iedi
2. Principal Place of Business - No P.O. Box # 3. N				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04292008 _C	hg-NP C	R2E037 (12/06)	
City & Stat	9	City & State			·		4. FEI Number 42-161761	17	 	pplied For at Applicable	
Ζιρ	Zip Country			Zip Cou				5. Certificate of St	tatus Desired [\$8.75 Add	
	6. Name	and Address of Current	Registere	gistered Agent			7. Name and Address of New Registered Agent				
KAPADIA, D.N., ELIZABETH 2001 N HIATUS RD PEMBROKE PINES, FL 33026						Name Street Address (P.O. Box Number is Not Acceptable)					
						City				FL Zip Cod	0
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 PLU DISCUSSION REGISTER Agent and title if applicable (NOTE Registered Agent signature required when remainting) DATE											
		e is \$61.25 lay 1, 2008		9. Election Carr Trust Fund C			<u> </u>	\$5.00 May Be Added to Fees		check payable to Department of St	
10.	12-	OFFICERS AND DIF	RECTORS		11.		- /	ADDITIONS/CHANG	ES TO OFFICERS A		10
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	2001 N H	, D.N., ELIZABETH ATUS RD KE PINES, FL 33026		☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAPADIA 2001 N HI PEMBROI			☐ Delete					, , ,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12644 NV	i, DENNIS T JR / 13 CT , FL 33323		☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWARI 2001 N HI PEMBRO			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, I 1103 NW PEMBRO			58-Dolete		1	† re	Casure lys Rod 1 SW 184	r riguez way res.FL3	□ Change 3029	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8651 NW	HING, YVONNE 3RD ST KE PINES, FL 33024	-	☐ Delete						☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 601.											or director
SIGNATURE: 100 M Signature and typed on equifice have of signature and typed on equifice have of signature and typed on equifice have of signature.											

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2nd lage Changes and Idditions DOCUMENT # N04000001361 G.W.A.H. HEALING WAY INSTITUTE, INC. Principal Place of Business Mailing Address 911 NW 209TH AVENUE, SUITE 121 911 NW 209TH AVENUE, SUITE 121 PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 04292008 CR2E037 (12/06) Cha-NP City & State City & State Applied For 4. FEI Number 42-1617617 Not Applicable Ziα Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAPADIA, D.N., ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 2001 N HIATUS RD PEMBROKE PINES, FL. 33026 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete Director-changing-treasurer & change TITLE TITLE 15t page guez NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 5303-9 Director TITLE Delete TITLE Lina Karlsson manor Unit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP unrise Addition TITLE ☐ Delete TITLE Director Change NAME NAME Davidyoung AUGNUE STREET ADORESS STREET ADDRESS 3029 CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ddition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITI F TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered. 954-303