

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001361

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: G.W.A.H. HEALING WAY INSTITUTE, INC.

## Current Principal Place of Business:

911 NW 209TH AVENUE, SUITE 121  
PEMBROKE PINES, FL 33029 US

## New Principal Place of Business:

7100 TAFT STREET  
HOLLYWOOD, FL 33024 US

## Current Mailing Address:

911 NW 209TH AVENUE, SUITE 121  
PEMBROKE PINES, FL 33029 US

## New Mailing Address:

7100 TAFT STREET  
HOLLYWOOD, FL 33024 US

FEI Number: 42-1617617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KAPADIA, D.N., ELIZABETH  
2001 N HIATUS RD  
PEMBROKE PINES, FL 33026 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: PT ( ) Delete  
Name: KAPADIA, D.N., ELIZABETH  
Address: 2001 N HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete  
Name: KAPADIA, KARL  
Address: 2001 N HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V ( ) Delete  
Name: MORSANI, DENNIS T JR  
Address: 12644 NW 13 CT  
City-St-Zip: SUNRISE, FL 33323

Title: S ( ) Delete  
Name: STEWARD, RISA  
Address: 2001 N HIATUS RD  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: T ( ) Delete  
Name: RODRIGUEZ, ODALYS  
Address: 342 SW 184TH WAY  
City-St-Zip: HOLLYWOOD, FL 33029

Title: D ( ) Delete  
Name: CHUCK-SHING, YVONNE  
Address: 8651 NW 3RD ST  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELIZABETH KAPADIA

PT

04/28/2009

Electronic Signature of Signing Officer or Director

Date