

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 10, 2005**  
**Secretary of State**

DOCUMENT# N04000010826

**Entity Name:** THE WAY OF THE UPRIGHT, INC.**Current Principal Place of Business:**110 TEGA CAY PL  
#2004  
PONTE VEDRA BEACH, FL 32082**New Principal Place of Business:****Current Mailing Address:**110 TEGA CAY PL  
#2004  
PONTE VEDRA BEACH, FL 32082**New Mailing Address:****FEI Number:** 20-2153311**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HAY, JONATHAN L  
1548 LANCASTER TERRACE  
JACKSONVILLE, FL 32204 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:** D ( ) Delete  
**Name:** TIBOR, JOAN  
**Address:** 110 TEGA CAY PL #2004  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082**Title:** D ( ) Delete  
**Name:** HALE, JULIE  
**Address:** 8550 TOUCHTON RD #1724  
**City-St-Zip:** JACKSONVILLE, FL 32216**Title:** D ( ) Delete  
**Name:** TIBOR, JOAN  
**Address:** 417 WILLIAMS STREET  
**City-St-Zip:** WAYCROSS, GA 31502**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** TRIPP, DOUG  
**Address:** 1003 GEORGE STREET  
**City-St-Zip:** WAYCROSS, GA 31502

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: JOAN TIBOR

D

05/10/2005

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