2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010826

Title:

Name:

Address:

City-St-Zip:

FILED Jaņ 3<u>0, 2</u>009 Secretary of State

Entity Name: THE WAY OF THE UPRIGHT, INC. **Current Principal Place of Business: New Principal Place of Business:** 9252 SAN JOSE BLVD. **UNIT 1104** JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** P. O. BOX 1038 PONTE VEDRA BEACH, FL 32004 FEI Number: 20-2153311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAY, JONATHAN L 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TIBOR-MCNEAL, JOAN Name: Name: Address: 9252 SAN JOSE BOULEVARD SUITE 1104 Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: HALE, JULIE Name: Address: 9252 SAN JOSE BOULEVARD SUITE 1104 Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: (X) Change () Addition WEAVER, DANNY Name: THRIFT, CHARLOTTE Name: 503 MCDONALD ST 4003 HARVARD ST Address: Address: City-St-Zip: WAYCROSS, GA 31501 City-St-Zip: BLACKSHEAR, GA 31516

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOAN TIBOR-MCNEAL D 01/30/2009

(X) Delete

THRIFT, CHARLOTTE

BLACKSHEAR, GA 31516

4003 HARVARD ST

() Change () Addition