

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011969

FILED
Apr 14, 2009
Secretary of State

Entity Name: ALONG THE WAY,INC.

Current Principal Place of Business:

101 BETTY RD
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2021
PALATKA, FL 32178

New Mailing Address:

FEI Number: 26-1832357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPE, ALEXANDER B III
315 PHEASANT RD.
PALATKA, FL 32178 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: PD () Delete
Name: BEAUCHAMP, NICHOLAS
Address: 101 BETTY RD
City-St-Zip: CRESCENT CITY, FL 32112

Title: VPD () Delete
Name: WHEELER, DALE
Address: 134 HUBER FISH CAMP RD
City-St-Zip: CRESCENT CITY, FL 32112

Title: TREA () Delete
Name: SHARPE, ALEXANDER B III
Address: P.O. BOX 2021
City-St-Zip: PALATKA, FL 32178

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:

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: ALEXANDER B. SHARPE III

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date