

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009963

FILED
Apr 22, 2009
Secretary of State

Entity Name: TRI WAY FOUNDATION, INC.

Current Principal Place of Business:

1012 GODETIA STREET
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1012 GODETIA STREET
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 61-1573173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD, RAKPH P
12561 ALLENDALE CIRCLE
FORT MYERS, FL 33912 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: HATHAWAY, RONALD E SR.
Address: P.O. BOX 484
City-St-Zip: LAKE PLACID, FL 33861

Title: D () Delete
Name: HATHAWAY, MILDEED ;
Address: P.O. BOX 484
City-St-Zip: LAKE PLACID, FL 33861

Title: D () Delete
Name: BROWN, ROBERT S SR.
Address: P.O. BOX 1413
City-St-Zip: LAKE PLACID, FL 33861

Title: D () Delete
Name: BROWN, MELINDA L
Address: P.O. BOX 1413
City-St-Zip: LAKE PLACID, FL 33861

Title: D () Delete
Name: HATHAWAY, KEITH E
Address: P.O. BOX 1816
City-St-Zip: LAKE PLACID, FL 33861

Title: D () Delete
Name: HATHAWAY, RYAN E
Address: P.O. BOX 444
City-St-Zip: LAKE PLACID, FL 33862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HATHAWAY, MILDRED ;
Address: P.O. BOX 484
City-St-Zip: LAKE PLACID, FL 33861

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: RYAN E. HATHAWAY

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date