FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 3:02

DOCUMENT # N50419 (3)

1. Corporation Name
THE WAY, INC.

Principal Place of Business	Mailing Address
1307 COUNTY ROAD 309 GEORGETOWN FL 32139 US	PO BOX 9412 JACKSONVILLE FL 32208 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1992
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3139518 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

JOHNSON, DAVID A.
1307 COUNTY ROAD 309
GEORGETOWN FL 32139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE N-A (Same Agent as Last Year!) DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DAVID A.	1.2 NAME	
STREET ADDRESS	1307 COUNTY ROAD 309	1.3 STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, MARY A.	2.2 NAME	
STREET ADDRESS	4968 RAVENEL PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	REED, ANNE E.	3.2 NAME	Diane Lynn
STREET ADDRESS	860 ACAPULCO ROAD	3.3 STREET ADDRESS	Star Route 2 - Box 460
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Crescent City FL 32112
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHOEN, JOYA	4.2 NAME	
STREET ADDRESS	1210 BURNING TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARAWAY, TOM	5.2 NAME	
STREET ADDRESS	1122 GROVE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GOSS, TERRY	6.2 NAME	
STREET ADDRESS	832 MAPLE COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. David A. Johnson, Pres Jan. 18, 1995 (904)467-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0025100