

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/18/1992

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Dava Von Piasa
82 Street Address (P.O. Box Number is Not Acceptable)

83 1307 County Road 309

84 City Georgetown, FL 85 Zip Code 32139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligation of Section 617.0503, Florida Statutes.

SIGNATURE

Dava Von Piasa; Pres. and Pastor (Dava Von Piasa) 1-22-96

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JOHNSON, DAVID A.
STREET ADDRESS 1307 COUNTY ROAD 309
CITY-ST-ZIP GEORGETOWN FL

1.1 TITLE President
1.2 NAME Dava Von Piasa
1.3 STREET ADDRESS 1307 County Road 309
1.4 CITY-ST-ZIP Georgetown, FL 32139

TITLE S
NAME MCDANIEL, MARY A.
STREET ADDRESS 4968 RAVENEL PL.
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME LYNN, DIANE
STREET ADDRESS STAR ROUTE 2, BOX 460
CITY-ST-ZIP CRESCENT CITY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SCHOEN, JOYA
STREET ADDRESS 1210 BURNING TREE LANE
CITY-ST-ZIP WINTER PARK FL

4.1 TITLE Director
4.2 NAME Marjorie Lamphear
4.3 STREET ADDRESS 369 Cordova Ave.
4.4 CITY-ST-ZIP Doleen Springs, FL 32130

TITLE D
NAME CARAWAY, TOM
STREET ADDRESS 1122 GROVE ST.
CITY-ST-ZIP MAITLAND FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GOSS, TERRY
STREET ADDRESS 832 MAPLE COURT
CITY-ST-ZIP MAITLAND FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

Dava Von Piasa (Dava Von Piasa) 1-22-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-467-7977

CR2E037 (12/95)