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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 PO BOX 9412
GEORGETOWN FL 32139 JACKSONVILLE FL 32208-0412
US US

3. Date Incorporated or Qualified 08/18/1992 3a. Date of Last Report 01/31/1996
4. FEI Number 59-3139518 Applied For Not Applicable
5. Certificate of Status Desired X \$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 X No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
PIASA, DAVA VON 81 Name Same as Box 9.
1307 COUNTY ROAD 309 82 Street Address (P.O. Box Number is Not Acceptable)
GEORGETOWN FL 32139 83
84 City FL 85 Zip Code

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 obligations of, Section 617.0503, Florida Statutes.
SIGNATURE Dava Von Piasa (No Change) Jan. 11, 1997
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	PIASA, DAVA VON	1.1 TITLE	
NAME	1307 COUNTY ROAD 309	1.2 NAME	
STREET ADDRESS	GEORGETOWN FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE S	MCDANIEL, MARY A.	2.1 TITLE	
NAME	4968 RAVENEL PL.	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE T	LYNN, DIANE	3.1 TITLE	
NAME	STAR ROUTE 2, BOX 460	3.2 NAME	
STREET ADDRESS	CRESCENT CITY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	LAMPHEAR, MARJORIE	4.1 TITLE	
NAME	369 CORDOVA AVE.	4.2 NAME	
STREET ADDRESS	DELEON SPRINGS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	CARAWAY, TOM	5.1 TITLE	
NAME	1122 GROVE ST.	5.2 NAME	
STREET ADDRESS	MAITLAND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	GOSS, TERRY	6.1 TITLE	
NAME	832 MAPLE COURT	6.2 NAME	
STREET ADDRESS	MAITLAND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: Dava Von Piasa Jan. 11, 1997 (904) 467-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0005007

CR2E037 (9/96)