

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF REVENUE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50419** (3)
1. Corporation Name
THE WAY, INC.

Principal Place of Business 1307 COUNTY ROAD 309 GEORGETOWN FL 32139 US	Mailing Address PO BOX 9412 JACKSONVILLE FL 32208 US
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3. Date Incorporated or Qualified
08/18/1992

4. FEI Number 59-3139518	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PIASA, DAVA VON
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 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* (Dava Von Piasa) Jan. 15, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	PIASA, DAVA VON
STREET ADDRESS	1307 COUNTY ROAD 309
CITY-ST-ZIP	GEORGETOWN FL
TITLE	S <input type="checkbox"/> DELETE
NAME	MCDANIEL, MARY A.
STREET ADDRESS	4968 RAVENEL PL.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	LYNN, DIANE
STREET ADDRESS	STAR ROUTE 2, BOX 460
CITY-ST-ZIP	CRESCENT CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAMPHEAR, MARJORIE
STREET ADDRESS	369 CORDOVA AVE.
CITY-ST-ZIP	DELEON SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, JACKLYN
STREET ADDRESS	452-B CENTRAL AVE
CITY-ST-ZIP	MAITLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GOSS, TERRY
STREET ADDRESS	832 MAPLE COURT
CITY-ST-ZIP	MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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 by 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 Block 12 or Block 13 has changed, or on an attachment with an address.

SIGNATURE: *Dava Von Piasa* (Dava Von Piasa) 1-15-98 1901 467
Signature and typed or printed name of signing officer or director

CR2E037 (10/97)