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Feb 26, 1999 8:00 am  
Secretary of State

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N50419**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/18/1992

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

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, Pres.*

DATE

*1-18-99*

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**  
PIASA, DAVA VON  
STREET ADDRESS 1307 COUNTY ROAD 309  
CITY-ST-ZIP GEORGETOWN FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**  
LAMPHEAR, MARJORIE  
STREET ADDRESS 369 CORDOVA AVE.  
CITY-ST-ZIP DELEON SPRINGS FL

TITLE ☒ DELETE

NAME **D**  
YOUNG, JACKLYN  
STREET ADDRESS 452-B CENTRAL AVE  
CITY-ST-ZIP MAITLAND FL

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

(This is a street address; it is not a Post Office Box address)  
**HC2-BOX 460**  
**CRESCENT CITY, FL 32112**

**Sigurd Hersloff**  
**2819 Wright Ave.**  
**Winter Park, Florida 32789**

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 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, with all other like empowered.

SIGNATURE:

*Dava Von Piasa, Dava Von Piasa, Pres.* *1-18-99* *(904) 467-7777*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)