

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000529

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE VOLUNTEER WAY, INC.

Current Principal Place of Business:

7820 CONGRESS STREET
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

7820 CONGRESS STREET
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3555687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CYPHER, LESTER
7222 ORCHID LK. RD
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRAY, DAVID
Address: 6219 U.S. HWY. 19 N.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: CYPHER, LESTER
Address: 7222 ORCHID LK. RD.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: CRUZ, MIGUEL
Address: 5531 GULF DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: KELM, GLEN
Address: 5013 SCHOOL RD.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: PEEPLES, RONALD
Address: 5320 PALMETTO ROAD
City-St-Zip: MAGNOLIA, MS 39652

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JOSE, ROCHELLE
Address: 7820 CONGRESS STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FERRARI, PATRICIA
Address: 7820 CONGRESS STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Change (X) Addition
Name: BUSCETTA, VINNY
Address: 7820 CONGRESS STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER CYPHER

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

Date