

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000001869

Entity Name: ALLIES WAY INC.**Current Principal Place of Business:**435 MARION OAKS GOLF ROAD
OCALA, FL 34473**Current Mailing Address:**435 MARION OAKS GOLF ROAD
OCALA, FL 34473 US**FEI Number:** 81-2025204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INDIA, WINDON
435 MARION OAKS GOLF ROAD
OCALA, FL 34473 US*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**Officer/Director Detail :**

Title	CEOC
Name	WINDON, INDIA
Address	963 OAK CREEK CIR
City-State-Zip:	DOUGLASVILLE GA 30134

Title	VPD
Name	BENOIT, DENYS
Address	237 NW 106 AVE
City-State-Zip:	PEMBROKE PINES FL 33026

Title	P
Name	WINDON, NYTOYIA
Address	3797 GALT PL.
City-State-Zip:	DOUGLASVILLE GA 30135

Title	DT
Name	JONES, APRIL
Address	510 SANDSTONE CT APT 203
City-State-Zip:	NEWPORT NEWS VA 23608

Title	S
Name	SAMUEL, JUDY
Address	9570 WEST HEATHER LANE
City-State-Zip:	MIRAMAR FL 33025

Title	D
Name	MICKLES, ARKILA
Address	3321 NW 80TH TER.
City-State-Zip:	MIAMI FL 33147

Title	D
Name	WINDEN, DESANI
Address	3797 GALT PL.
City-State-Zip:	DOUGLASVILLE GA 30135

I hereby 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 all other like empowered.

SIGNATURE: INDIA WINDON

CEO

04/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date