

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010244

**Entity Name:** UNIFIED WAYS OF LIFE, INC.

**Current Principal Place of Business:**

540 N STATE RD 434  
122  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 680904  
ORLANDO, FL 32868 US

**FEI Number:** 83-1989178

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PROCHET, JOANNE  
540 N STATE RD 434  
122  
ALTAMONTE SPRINGS, FL 32714 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	P	Title	VP
Name	PROCHET, JOANNE	Name	GREEN, KENDZIA
Address	PO BOX 680904	Address	PO BOX 680904
City-State-Zip:	ORLANDO FL 32868	City-State-Zip:	ORLANDO FL 32868

*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:** JOANNE NONE PROCHET

**PRESIDENT**

**02/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date