

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -3 PM 6:08

DOCUMENT # **N32294** (3)

1. Corporation Name  
**ANOTHER WAY, INC.**

Principal Place of Business Mailing Address  
P. O. BOX 12279 GAINESVILLE FL 32604-0616  
18 S. MAIN ST  
CHIEFLAND, FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/15/1989** 3a. Date of Last Report **09/30/1994**  
4. FEI Number **59-3061078** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75** Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **18 S. MAIN ST.** 26 **P.O. BOX 12279**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State **CHIEFLAND, FL** 28 City & State **GAINESVILLE, FL 32604-0616**  
24 Zip **32626** 25 Country **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**CANTWELL, KATHLEEN DR.**  
**1701 S.W. 117TH STREET**  
**GAINESVILLE FL 32607**

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 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE *Kathleen Cantwell Dr* **KATHLEEN CANTWELL DR** **1/26/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CANTWELL, KATHLEEN DR.</b>
STREET ADDRESS	<b>1701 S.W. 117TH STREET</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32607</b>
TITLE	<b>VD</b>
NAME	<b>FRANKS, BRIDGET</b>
STREET ADDRESS	<b>ROUTE 2 BOX 691</b>
CITY - ST - ZIP	<b>MICANOPY FL 32667</b>
TITLE	<b>SD</b>
NAME	<b>RESNICK, JACKIE</b>
STREET ADDRESS	<b>700 S.W. 28TH PLACE</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32601</b>
TITLE	<b>TD</b>
NAME	<b>JONES, LOYCE</b>
STREET ADDRESS	<b>3909 S NEWBERRY ROAD</b>
CITY - ST - ZIP	<b>GAINESVILLE FL 32607</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Kathleen Cantwell Dr* **KATHLEEN CANTWELL DR** **1/26/95** **904-331-0555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)