

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N32294** (3)
1. Corporation Name
ANOTHER WAY, INC.

FILED
May 01, 1996 08:00 AM
Secretary of State



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

3. Date Incorporated or Qualified: **05/15/1989**
3a. Date of Last Report: **04/03/1995**
4. FEI Number: **59-3061078**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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: **CONNIE F. SCOTT**
82 Street Address (P.O. Box Number is Not Acceptable): **Rt. 13 Box 528**
83
84 City: **LAKE CITY** FL 85 Zip Code: **32055**

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: **Connie F. Scott** **BOARD PRESIDENT** DATE: **4-9-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CANTWELL, KATHLEEN DR.	
STREET ADDRESS	1701 S.W. 117TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRANKS, BRIDGET	
STREET ADDRESS	ROUTE 2 BOX 691	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RESNICK, JACKIE	
STREET ADDRESS	700 S.W. 29TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott, Connie	
1.3 STREET ADDRESS	Rt. 13, Box 528	
1.4 CITY-ST-ZIP	Lake City, FL 32055	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morgan, Teresa	
2.3 STREET ADDRESS	Post Office Drawer 1707 N/A	
2.4 CITY-ST-ZIP	Lake City, FL 32056-1707	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Haley, Jo	
3.3 STREET ADDRESS	Post Office Box 1385 N/A	
3.4 CITY-ST-ZIP	Lake City, FL 32056	
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: **Connie F. Scott** DATE: **4-9-96** (352) 335-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)