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FILED
Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 18 S. MAIN STREET, CHEFLAND FL 32626, US
Mailing Address: P.O. BOX 12279, GAINESVILLE FL 32604-0279, US

2. Principal Place of Business: 21 20 S. Columbia St, Suite, Apt. #, etc.
22 City & State: Lake City FL
23 Zip: 32025, Country: USA
24 25

2a. Mailing Address: 26 20 S. Columbia St, Suite, Apt. #, etc.
27 City & State: Lake City FL
28 Zip: 32025, Country: USA
29 30

3. Date Incorporated or Qualified: 05/15/1989
3a. Date of Last Report: 05/01/1996
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

9. Name and Address of Current Registered Agent
~~SCOTT, CONNIE F
RT. 13 BOX 528
LAKE CITY FL 32055~~

10. Name and Address of New Registered Agent
81 Name: Pete Skinner
82 Street: 20 S. Columbia St
83
84 City: Lake City, FL, Zip Code: 32025

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: [Signature] DATE: 3/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	OD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, CONNIE	
STREET ADDRESS	RT. 13 BOX 528	
CITY - ST - ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORGAN, TERESA	
STREET ADDRESS	POST OFFICE DRAWER 1707, N/A	
CITY - ST - ZIP	LAKE CITY FL 32058-1707	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HALEY, JO	
STREET ADDRESS	POST OFFICE BOX 1385, N/A	
CITY - ST - ZIP	LAKE CITY FL 32056	
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	Treasurer (OD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Burns III	
1.3 STREET ADDRESS	220 S. 1st St	
1.4 CITY - ST - ZIP	Lake City FL 32055	
2.1 TITLE	Vice Chairman (VD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linda Gafford	
2.3 STREET ADDRESS	220 S 1st St	
2.4 CITY - ST - ZIP	Lake City FL 32025	
3.1 TITLE	Secretary (SD)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jo Haley	
3.3 STREET ADDRESS	PO Box 1385	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: DAYTIME PHONE #0010773

CR2E037 (9/96)