## FILE NOW: FILING FEE IS \$61.25

FILED Feb 18 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF COPENATIONS 1998 DOCUMENT # N32294 (3)ANOTHER WAY, INC. Principal Place of Business Mailing Address 20 SO COLUMBIA ST 20 SO COLUMBIA ST 3. Date Incorporated or Qualified LAKE CITY FL 32025 LAKE CITY FL 32025 05/15/1989 4. FEI Number Applied For 59-3061078 Not Applicable 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired Pũ DOX 40 BOX 28 Fee Required Suite, Apt. #, etc. Suite, Apt #, etc \$5.00 May Be 6. Election Campaign Financing 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? nie Flund Yes ☐ No 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible ũs 25 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BISHOP, KENT R Street Address (P.O. Box Number is Not Acceptable) 2012 No YOUNG BLVD. CHIEFLND FL 32644 83 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Prusident TITLE 1.1 TITLE Change Addition **BURNS, JOHN III** NAME 1.2 NAME Huley 70 BOX 1385 220 S 1ST ST STREET ADDRESS 1.3 STREET (DORESS Luke City G 32058 LAKE CITY FL 32055 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE change TREUSURE MORGAN, TERESA NAME 2.2 NAME Nell Holten POST OFFICE DRAWER 1707, N/A R+11 30286 STREET ADDRESS 2.3 STREET ADDRESS LAKE CITY FL 32056-1707 CITY-ST-ZIP aku cita Fl 2.4 CITY-ST-ZiP DELETE TITLE 3.1 TITLE ☐ Change **Addition** Som eta eig HALEY, JO NAME 3.2 NAME um wooding tur POST OFFICE BOX 1385, N/A STREET ADDRESS 3.3 STREET ASOBES 8201 XOE LAKE CITY FL 32056 ke c.th CITY-ST-ZIP 3.4. CITY - ST - ZIP 32055 TITLE DELETE Addition 4.1 TITLE Change President GAFFORD, LINDA NAME 4. 2 NAME R. Bishop Krnt 220 S 1ST ST みいなり STREET ADDRESS 4.3 STREET ADDRESS Young LAKE CITY FL 32025 CITY-ST-ZIP 4.4 CITY-ST-ZIP 32644 DELETÉ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I 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.

6.2 NAME

**6.3 STREET ADDRESS** 

NAME

STREET ADDRESS

01-20-98 (252)483-3521

900002433859

-02/18/98--01027--02**7** 

\*\*\*61,25