

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90011 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32294

1. Corporation Name
ANOTHER WAY, INC.

124228 90011 010

Principal Place of Business Mailing Address
 P.O. BOX 2795 P.O. BOX 2795
 HWY 27 HWY 27
 CHIEFLND FL 32644 CHIEFLND FL 32644
 US US



21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
					05/15/1989
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	FEI Number
					59-3061078
23	City & State	27	City & State	5	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip		
	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
BISHOP, KENT R 2012 N. YOUNG BLVD. CHIEFLND FL 32644				81	Name			Nell Holten
				82	Street Address (P.O. Box Number is Not Acceptable)			RT 11 Box 86
				83	Lake City Fl 3			
				84	City	FL	85	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 Nell Holten DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALEY, JO	1.2 NAME	Tina Huene
STREET ADDRESS	PO BOX 1385 N/A	1.3 STREET ADDRESS	1251 NW 91st St
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	Chiefland FL 32626
TITLE	T Holton <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTEN, NELL	2.2 NAME	Nell Holton
STREET ADDRESS	RT 11 BOX 86	2.3 STREET ADDRESS	RT 11 Box 86
CITY-ST-ZIP	LAKE CITY FL 32055	2.4 CITY-ST-ZIP	Lake City FL 32055
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODINTON, PAM	3.2 NAME	Jennifer Free
STREET ADDRESS	PO BOX 1058	3.3 STREET ADDRESS	30 N. Hernando St
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	Lake City FL 32055
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, KENT R	4.2 NAME	Susan Lloyd
STREET ADDRESS	2012 N YOUNG BLVD	4.3 STREET ADDRESS	P.O. Box 697
CITY-ST-ZIP	CHIEFLND FL 32644	4.4 CITY-ST-ZIP	Old Towne, FL 32680
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Bobby McCallum
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 1719, 9150 NE 8th Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bronson, FL 32621
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Kathryn M. Willcutts
STREET ADDRESS		6.3 STREET ADDRESS	12790 NE 101 Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ancker, FL 32618

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, with all other like empowered.

SIGNATURE: Nell Holten 1/6/99 904-752-4211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)