

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2004
Secretary of State**

DOCUMENT# N32294

Entity Name: ANOTHER WAY, INC.

Current Principal Place of Business:

P.O BOX 2240
CHIEFLAND, FL 32644 US

New Principal Place of Business:

P.O. BOX 1028
LAKE CITY, FL 32056 US

Current Mailing Address:

P.O BOX 2240
CHIEFLAND, FL 32644 US

New Mailing Address:

P.O. BOX 1028
LAKE CITY, FL 32056 US

FEI Number: 59-3061078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAGAN, DONNA L
103 N.E. 1ST ST.
CHIEFLAND, FL 32626 US

Name and Address of New Registered Agent:

FAGAN, DONNA L
258 NW BURK AVENUE
LAKE CITY, FL 32055 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONNA L. FAGAN 02/11/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKERNAN, PAULETTE
Address: 1050 COMMERCE BLVD.
City-St-Zip: LAKE CITY, FL 32055

Title: SD () Delete
Name: LIDDELL, WANDA
Address: 1535 E WADE STREET
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: JOHNON, ROBERT
Address: P.O. BOX 746
City-St-Zip: LAKE CITY, FL 32056

Title: D () Delete
Name: THOMAS, T.L. D.O.
Address: P.O. BOX 5010
City-St-Zip: CROSS CITY, FL 32628

Title: TD () Delete
Name: MCKERNAN, KEITH
Address: 940 SW 79TH TERRACE
City-St-Zip: GAINESVILLE, FL 326073377

Title: D () Delete
Name: LANGSTON, JENNIFER
Address: P.O. BOX 382
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LIDDELL, WANDA
Address: 1535 E WADE STREET
City-St-Zip: TRENTON, FL 32693

Title: SECD (X) Change () Addition
Name: DOUGLASS, BARBARA
Address: 181 SE HERNANDO AVENUE
City-St-Zip: LAKE CITY, FL 32025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DELGADO, GREGORY
Address: RT 12 BOX 742
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULETTE MCKERNAN PD 02/11/2004
Electronic Signature of Signing Officer or Director Date

CHERYL N. SCHUSTER, DIRECTOR
P.O. BOX 323
LAKE CITY, FL 32056

AMY F. GORDON, DIRECTOR
RT 10, BOX 427
LAKE CITY, FL 32056