
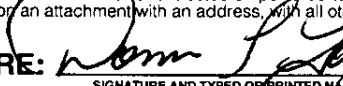


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90012 049 \*\*\*\*70.00

<b>DOCUMENT # N32294</b>					
1. Entity Name ANOTHER WAY, INC.					
Principal Place of Business P.O. BOX 1028 LAKE CITY, FL 32056 US		Mailing Address P.O. BOX 1028 LAKE CITY, FL 32056 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3061078	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FAGAN, DONNA L 258 NW BURK AVENUE LAKE CITY, FL 32055			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			468 SE Evergreen Dr.		
			City Lake City		FL Zip Code 32055
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Donna L. Fagan, Executive Director</u>			February 3, 2006		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKERNAN, PAULETTE		NAME		
STREET ADDRESS	340 NW COMMERCE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32055		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIDDELL, WANDA		NAME	LAXTON, GARY	
STREET ADDRESS	1535 E WADE STREET		STREET ADDRESS	225 NW MAIN BLVD	
CITY-ST-ZIP	TRENTON, FL 32693		CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, T.L. D.O.		NAME	DOUGLAS, JILL	
STREET ADDRESS	P.O. BOX 5010		STREET ADDRESS	PO BOX 5	
CITY-ST-ZIP	CROSS CITY, FL 32628		CITY-ST-ZIP	LAKE CITY, FL 32056	
TITLE	<del>ADD</del> PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKERNAN, KEITH		NAME		
STREET ADDRESS	940 SW 79TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326073377		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELGADO, GREGORY		NAME	GORDON, AMY	
STREET ADDRESS	742 PEBBLE CREEK TERRACE		STREET ADDRESS	137 NW HARRIS LAKE DR.	
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BERNS, SCOTT D.	
STREET ADDRESS			STREET ADDRESS	820 NW FRONTIER DR.	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE CITY, FL 32055	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Donna L. Fagan, Executive Director February 3, 2006 386.719.2700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		