




**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90011 036 \*\*\*\*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 - No P.O. Box #		3. Mailing Address		4. FEI Number 59-3061078	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	01182007 Chg-NP CR2E037 (12/06)	
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 SUZANNE EDWARDS	
				Street Address (P.O. Box Number is Not Acceptable) 258 NW BURK AVE	
				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 		SUZANNE EDWARDS		1/18/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D MCKERNAN, PAULETTE 340 NW COMMERCE DRIVE LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SUZANNE EDWARDS 258 NW BURKE AVE LAKE CITY, FL 32055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAXTON, GARY 225 NW MAIN BLVD LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SHARRIE KELLER P.O. BOX 787 LAKE CITY, FL 32056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, JILL P.O. BOX 5 LAKE CITY, FL 32056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CARRIE CORREIA 1152 SW BUSINESS PT. DRIVE LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKERNAN, KEITH 940 SW 79TH TERRACE GAINESVILLE, FL 326073377	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D SHERRI COLE 241 SW BAYA DRIVE LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, AMY 137 NW HARRIS LAKE DR LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNS, SCOTT D 620 NW FRONTIER DR LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SUZANNE EDWARDS		1/18/07 886-754-9180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40006310





# Another Way, Inc.

*Domestic Violence and Rape Crisis Center*

P. O. Box 1028 • Lake City, FL 32056-1028  
386-719-2700 • Fax 386-719-2758  
[adm@anotherwayinc.net](mailto:adm@anotherwayinc.net)

Domestic Violence Hotline 1-800-500-1119

Sexual Violence Hotline 1-866-875-7983

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January 18, 2007

Mr. Gary Blankenbaker  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL. 32314

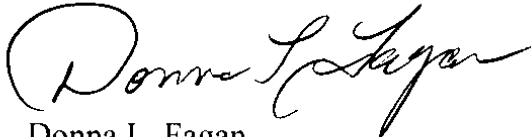
ATTACHMENT  
40006515  
# N32294

Dear Mr. Blankenbaker,

As per our telephone conversation yesterday I am sending our annual report directly to you for special handling. You will recall that as a domestic violence shelter we are required not to publish our physical address as per FS 39.908 a copy is attached.

Thank you so much for your help.

Sincerely,



Donna L. Fagan  
Executive Director

ATTACHMENT  
40006515  
#N32294

**39.908 Confidentiality of information received by department or domestic violence center.--**

(1) Information about clients received by the department or by authorized persons employed by or volunteering services to a domestic violence center, through files, reports, inspection, or otherwise, is confidential and exempt from the provisions of s. 119.07(1). Information about the location of domestic violence centers and facilities is confidential and exempt from the provisions of s. 119.07(1).

(2) Information about domestic violence center clients may not be disclosed without the written consent of the client to whom the information or records pertain. For the purpose of state law regarding searches and seizures, domestic violence centers shall be treated as private dwelling places. Information about a client or the location of a domestic violence center may be given by center staff or volunteers to law enforcement, firefighting, medical, or other personnel in the following circumstances:

(a) To medical personnel in a medical emergency.

(b) Upon a court order based upon an application by a law enforcement officer for a criminal arrest warrant which alleges that the individual sought to be arrested is located at the domestic violence shelter.

(c) Upon a search warrant that specifies the individual or object of the search and alleges that the individual or object is located at the shelter.

(d) To firefighting personnel in a fire emergency.

(e) To any other person necessary to maintain the safety and health standards in the domestic violence shelter.

(f) Information solely about the location of the domestic violence shelter may be given to those with whom the agency has an established business relationship.

(3) The restriction on the disclosure or use of the information about domestic violence center clients does not apply to:

(a) Communications from domestic violence shelter staff or volunteers to law enforcement officers when the information is directly related to a client's commission of a crime or threat to commit a crime on the premises of a domestic violence shelter; or

(b) Reporting suspected abuse of a child or a vulnerable adult as required by law. However, when cooperating with protective investigation services staff, the domestic violence shelter staff and volunteers must protect the confidentiality of other clients at the domestic violence center.

**History.**--s. 6, ch. 78-281; s. 5, ch. 79-402; s. 7, ch. 84-343; s. 22, ch. 91-71; s. 33, ch. 94-134; s. 33, ch. 94-135; s. 277, ch. 96-406; s. 119, ch. 98-403.

**Note.**--Former s. 409.606; s. 415.608.