

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32294

FILED
Jan 23, 2008
Secretary of State

Entity Name: ANOTHER WAY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

CONFIDENTIAL LOCATION
1028 POB
LAKE CITY, FL 32056 US

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

EDWARDS, SUZANNE
258 NW BURK AVENUE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, SUZANNE
Address: 258 NW BURKE AVE
City-St-Zip: LAKE CITY, FL 32055

Title: VPD () Delete
Name: KELLER, SHARRIE
Address: P.O. BOX 787
City-St-Zip: LAKE CITY, FL 32056

Title: SD () Delete
Name: COREIA, CARRIE
Address: 1152 SW BUISNESS PT DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: TD () Delete
Name: COLE, SHERRI
Address: 241 5W BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ALBERICO, DONNA
Address: 618 S. MARION AVENUE
City-St-Zip: LAKE CITY, FL 32055

Title: VPD (X) Change () Addition
Name: COREIA, CARRIE
Address: 1152 SW BUISNESS PT DRIVE
City-St-Zip: LAKE CITY, FL 32025

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

Title: D () Change (X) Addition
Name: EADIE, CONNIE
Address: 4447 NW AMERICAN LANE
City-St-Zip: LAKE CITY, FL 32055

Title: D () Change (X) Addition
Name: KELLER, SHERRIE
Address: P.O. BOX 787
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONNA L. FAGAN

ED

01/23/2008

Electronic Signature of Signing Officer or Director

Date