

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32294

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ANOTHER WAY, INC.

**Current Principal Place of Business:**

CONFIDENTIAL LOCATION  
1028 POB  
LAKE CITY, FL 32056 US

**New Principal Place of Business:**

**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:**

EADIE, CONNIE  
4447 NW AMERICAN LANE  
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: CONNIE EADIE

04/14/2009

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: MADDEN, WILLIAM  
Address: 1404 PO BOX  
City-St-Zip: WHITE SPRINGS, FL 32096

Title: VPD (X) Change ( ) Addition  
Name: COLE, SHERRI  
Address: 241 SW BAYA DRIVE  
City-St-Zip: LAKE CITY, FL 32025

Title: TD (X) Change ( ) Addition  
Name: TODD, CINDY  
Address: 160 MAIN BLVD.  
City-St-Zip: LAKE CITY, FL 32055

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

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

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

04/14/2009

Electronic Signature of Signing Officer or Director

Date