

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32294

FILED
Feb 16, 2010
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:

EADIE, CONNIE
4447 NW AMERICAN LANE
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
Name: EADIE, CONNIE
Address: 4447 NW AMERICAN LANE
City-St-Zip: LAKE CITY, FL 32055 US

Title: SD
Name: MADDEN, WILLIAM
Address: 1404 PO BOX
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: VPD
Name: COLE, SHERRI
Address: 241 SW BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025 US

Title: TD
Name: TODD, CINDY
Address: 160 MAIN BLVD.
City-St-Zip: LAKE CITY, FL 32055 US

Title: DIR
Name: GILL, BECKY DR.
Address: 760 PO BOX
City-St-Zip: BRONSON, FL 32621 US

Title: DIR
Name: JONES, MATTIE
Address: 265 SW TUNSIL STREET
City-St-Zip: LAKE CITY, FL 32055

I hereby 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 all other like empowered.

SIGNATURE: DONNA L. FAGAN

DIR

02/16/2010

Electronic Signature of Signing Officer or Director

Date