

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32294

FILED  
Jan 05, 2011  
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 ( )**

**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: ROBINSON, 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: MOODY, JOE  
Address: 225 NW MAIN BLVD  
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: CONNIE EADIE

PD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date