

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90908 042 \*\*\*\*61.25

DOCUMENT # N32294

1. Entity Name

ANOTHER WAY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. Box 2240

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Chiefland, Florida

City & State

4. FEI Number

59-3061078

Applied For

Not Applicable

Zip

Country

32644

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Donna L. Fagan

Street Address (P.O. Box Number is Not Acceptable)

103 NE 1st Street

Chiefland, Florida

City

Chiefland

FL

Zip Code  
32626

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD McKernan, Paulette
STREET ADDRESS CITY-ST-ZIP	1050 Commerce Rd. Lake City, FL
TITLE NAME	SD Wanda Liddell
STREET ADDRESS CITY-ST-ZIP	1535 E. Wade Street Trenton, FL 32693
TITLE NAME	D Thomas, T.L. D.O.
STREET ADDRESS CITY-ST-ZIP	P.O. Box 5010 Cross City, FL 32628
TITLE NAME	TD McKernan, Keith
STREET ADDRESS CITY-ST-ZIP	940 SW 79th Terrace Gainesville, FL 32607
TITLE NAME	D Robert Johnon
STREET ADDRESS CITY-ST-ZIP	PO Box 746 Lake City, FL 32056
TITLE NAME	D Jennifer Langston
STREET ADDRESS CITY-ST-ZIP	PO Box 382 Chiefland, FL 32644

TITLE NAME	
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STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paulette McKernan*

Paulette McKernan, President 2/17/03 386-719-9026

CR2E037B (12/02)