

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32294

FILED
Jan 25, 2013
Secretary of State
CC5274227238

Entity Name: ANOTHER WAY, INC.

Current Principal Place of Business:

CONFIDENTIAL LOCATION
1028 POB
LAKE CITY, FL 32056

Current Mailing Address:

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

FEI Number: 59-3061078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAGAN, DONNA L
468 SE EVERGREEN DRIVE
LAKE CITY, FL 32025 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: DONNA L. FAGAN

01/25/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, DIRECTOR
Name MADDEN, WILLIAM
Address 1404 PO BOX
City-State-Zip: WHITE SPRINGS FL 32096

Title PRESIDENT, DIRECTOR
Name GILL, BECKY DR
Address 760 PO BOX
City-State-Zip: BRONSON FL 32621

Title SECRETARY, DIRECTOR
Name SENECA, EILEEN
Address 911 SOUTH MAIN STREET
City-State-Zip: TRENTON FL 32693

Title DIRECTOR
Name MORGAN, KATHLEEN
Address 11085 S US HIGHWAY 441
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name SMITH, SHEILA
Address 389 SE 57 COURT ROAD
City-State-Zip: TRENTON FL 32693

Title TREASURER, DIRECTOR
Name TAYLOR, AMBER
Address 6835 SW COUNTY ROAD 240
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name WATSON, TERESA
Address 14970 NW 40TH AVE
City-State-Zip: CHIEFLAND FL 32626

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: WILLIAM MADDEN

VICE PRESIDENT

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date