

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32294

**Entity Name:** ANOTHER WAY, INC.

**Current Principal Place of Business:**

496 SW RING CT.  
LAKE CITY, FL 32025

**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:**

FUSSELL, KAYLA  
496 SW RING CT.  
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:** KAYLA FUSSELL

01/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WELLS, ROBERT  
Address        P.O. BOX 1028  
City-State-Zip: LAKE CITY FL 32056

Title            INTERIM EXECUTIVE DIRECTOR  
Name            FUSSELL, KAYLA  
Address        P.O. BOX 1028  
City-State-Zip: LAKE CITY FL 32056

Title            TREASURER  
Name            BROWN, SHERYL  
Address        P.O. BOX 1028  
City-State-Zip: LAKE CITY FL 32056

Title            SECRETARY  
Name            MANGRUM, ANDREW  
Address        P.O. BOX 1028  
City-State-Zip: LAKE CITY FL 32056

Title            FINANCE DIRECTOR  
Name            CHAMPAGNE, MICHELLE  
Address        P.O. BOX 1028  
City-State-Zip: LAKE CITY FL 32056

*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:** KAYLA FUSSELL

**INTERIM EXECUTIVE  
DIRECTOR**

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date