

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32294

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC4771658313**

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

**Current Principal Place of Business:**

CONFIDENTIAL LOCATION  
164 NW MADISON STREET SUITE 103  
LAKE CITY, FL 32055

**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**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            DIRECTOR  
Name            NATHAN, ALBANO  
Address        P.O. BOX 1028  
City-State-Zip: LAKE CITY FL 32056

Title            DIRECTOR  
Name            TREMBLAY, RAY  
Address        P.O. BOX 1028  
City-State-Zip: LAKE CITY FL 32056

Title            EXECUTIVE DIRECTOR  
Name            FAGAN, DONNA L  
Address        164 NW MADISON STREET  
                 SUITE 103  
City-State-Zip: LAKE CITY FL 32055

Title            SECRETARY  
Name            MINOR, JANET  
Address        220-2 NORTH MAIN STREET  
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: DR. BECKY GILL**

**PRESIDENT**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date