


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90266 040 \*\*\*\*61.25

**DOCUMENT # N00000005870**

1. Entity Name  
**ANOTHER CHOICE INC.**



Principal Place of Business  
**3508 N. POWERLINE RD.  
 POMPANO BCH, FL 33069**

Mailing Address  
**3508 N. POWERLINE RD.  
 POMPANO BCH, FL 33069**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

04212005 Chg-NP CR2E037 (10/03)

**6. Name and Address of Current Registered Agent**

**BUTTS, WILMA J  
 3508 N. POWERLINE RD.  
 POMPANO BCH, FL 33069**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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 STREET ADDRESS CITY-ST-ZIP	D BUTTS, WILLIE C 620 SW 14TH ST. DEERFIELD BCH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTS, WILMA J 620 SW 14TH ST. DEERFIELD BCH, FL 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STYLES, BETTYE 930 NE 51TH ST. POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, JOSEPH E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1668 NW 17th AVE APT #4 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEALE, CARMEN Q <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1576 NW 17th AVE APT #3 Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSON, ALTHEA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1710 NW 2ND AVE Pompano Beach, FL 33064

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Willie C. Butts **Willie C. BUTTS** 4/21/05 (954) 956-8787  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #