

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90124 030 ****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 Zip Country

4. FEI Number **01-0699288**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTS, WILLIE C	
STREET ADDRESS	620 SW 14TH ST.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTS, WILMA J	
STREET ADDRESS	620 SW 14TH ST.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, GWENDOLYN	
STREET ADDRESS	337 NW 6TH ST.	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STYLES, BETTYE	
STREET ADDRESS	930 NE 51TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* 4/14/03 (954) 956-8787

CR2E037 (10/02)