

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723825

FILED
Mar 30, 2009
Secretary of State

Entity Name: UNIVERSAL PATH CENTER, INC.

Current Principal Place of Business:

2460 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

2460 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 59-2523372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLER, JEANE H
2180 WINSTON DR
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CASEY, SIGRID A
Address: 340 MOCKINGBIRD LN
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: ELAM, JACKIE
Address: 1054 N. 17-92
City-St-Zip: LONGWOOD, FL 32750

Title: TD () Delete
Name: FOX, WILMA
Address: 343 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL

Title: P () Delete
Name: WALLER, REV J
Address: 2180 WINSTON DR
City-St-Zip: COCOA, FL 32926

Title: D () Delete
Name: RIFFE, DELIGHT
Address: 1204 ADMIRALTY BLVD
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILMA FOX

DT

03/30/2009

Electronic Signature of Signing Officer or Director

Date