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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763935

1. Corporation Name

LIFEPATH, INC.

Principal Place of Business

3010 W AZEELE ST
TAMPA FL 33609

Mailing Address

3010 W AZEELE ST
TAMPA FL 33609



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/28/1982

4. FEI Number

59-2264957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FERNANDEZ, KATHY L
3010 W AZEELE ST
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D [X] DELETE
NAME CHAMBERS, REV. LARRY
STREET ADDRESS 910 BRYAN ROAD
CITY-ST-ZIP BRANDON FL

TITLE D [X] DELETE
NAME DERTKE, MAX C.
STREET ADDRESS 4439 VIEUX CARRE CIRCLE
CITY-ST-ZIP TAMPA FL

TITLE D [X] DELETE
NAME REDDY, FREDERICK
STREET ADDRESS 4927 B RIVERSHORE DRIVE
CITY-ST-ZIP TAMPA FL

TITLE D [X] DELETE
NAME WALLER, LAURA
STREET ADDRESS 100 N TAMPA STREET, SUITE 2930
CITY-ST-ZIP TAMPA FL

TITLE TD [] DELETE
NAME ZARATE, RENE J
STREET ADDRESS 2303 SUNVIEW AVENUE
CITY-ST-ZIP VALRICO FL 33594

TITLE DS [] DELETE
NAME BROWNING, BARBARA
STREET ADDRESS PO BOX 1214 N/A
CITY-ST-ZIP TAMPA FL 33601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D [X] Change [] Addition
1.2 NAME Richard Ludwig
1.3 STREET ADDRESS 702 North Franklin Street
1.4 CITY-ST-ZIP Tampa, FL 33602

2.1 TITLE D [X] Change [] Addition
2.2 NAME Molly Crews
2.3 STREET ADDRESS 3707 West Cherry Street
2.4 CITY-ST-ZIP Tampa, FL 33607

3.1 TITLE D [X] Change [] Addition
3.2 NAME Victor Leavengood
3.3 STREET ADDRESS 4516 Sylvan Ramble
3.4 CITY-ST-ZIP Tampa, FL 33609

4.1 TITLE D [X] Change [] Addition
4.2 NAME Nancy Wells
4.3 STREET ADDRESS 12902 Magnolia Drive
4.4 CITY-ST-ZIP Tampa, FL 33612

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *E. Carl Douglas* / CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99
Date

813-877-2200
Daytime Phone #

CR2E037 (1/1/98)