

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90066 045 ****61.25

DOCUMENT # N01000006197

1. Entity Name

NEW PATHWAY INSTITUTE, INC.

Principal Place of Business

Mailing Address

**3740 DAFFODIL LANE
 MIRAMAR FL 33025**

**3740 DAFFODIL LANE
 MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1136868

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCHER, REBECCA H ESQ.
 ONE OAKWOOD BLVD.
 SUITE 250
 HOLLYWOOD FL 33020**

Name **Jacqueline E. Cannavan**

Street Address (P.O. Box Number is Not Acceptable)
4330 Sheridan St., Suite 202-B

City **Hollywood,**

FL

Zip Code **33021**

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

7/15/02

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	FRAZIER, DONNA M	
STREET ADDRESS	3740 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAZIER, DONNA M	
STREET ADDRESS	3740 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ELLIS, ANGELA C	
STREET ADDRESS	3740 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL 31326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TURNBULL, JENNIFER A	
STREET ADDRESS	3740 DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
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
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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:

SIGNATURE REQUIRED

7/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/02)