

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006406

FILED
Feb 10, 2009
Secretary of State

Entity Name: FLORIDA CAREER PATHWAYS NETWORK, INC.

Current Principal Place of Business:

300 9TH TERR.
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

300 9TH TERR.
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-0737270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEAM, CATHERINE J
300 9TH TERR.
INDIALANTIC, FL 32903 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: P () Delete
Name: LIVING-EEASSA, LIBBY
Address: C/O 3209 VIRGINIA AVE.
City-St-Zip: FT. PIERCE, FL 34981

Title: S () Delete
Name: PARKER, PRISCILLA
Address: C/O 3000 NW 83RD ST.
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: BEAM, CATHERINE J
Address: 300 9TH TERR.
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: SCOTCHEL-GROSS, CONNIE
Address: C/O 3300 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: V () Delete
Name: KENNEDY, KELLI
Address: 6545 SR 70 EAST
City-St-Zip: BRADENTON, FL 34203

Title: V () Delete
Name: PAUSE, JACK
Address: C/O 2855 COLONIAL BLVD.
City-St-Zip: FORT MYERS, FL 33966

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: V (X) Change () Addition
Name: MARSH, JERALINE
Address: C/O 3300 FOREST HILL BLVD.
City-St-Zip: WEST PALM BEACH, FL 33406

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

Title: V (X) Change () Addition
Name: BURNETT, SUSAN
Address: P O BOX 13489
City-St-Zip: ST. PETERSBURG, FL 33733

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: CATHERINE BEAM

T

02/10/2009

Electronic Signature of Signing Officer or Director

Date