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FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04990 (0)

1. Corporation Name

PATHFINDERS OF PALM BEACH/MARTIN COUNTY SCHOLARS HIP FUND, INC.

Principal Place of Business	Mailing Address
2751 S.DIXIE HWY. W PALM BCH FL 33405-1233	2751 S.DIXIE HWY. W PALM BCH FL 33405-1233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2446402 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIEDLIK, LAWRENCE E.
2751 S DIXIE HWY
W PALM BCH FL 33405

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWDEN, GALE G.	1.2 NAME		
STREET ADDRESS	2751 S DIXIE HWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	SIEDLIK, LAWRENCE	2.2 NAME		
STREET ADDRESS	2751 S DIXIE HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DANIELSON, LON	3.2 NAME		
STREET ADDRESS	2751 S DIXIE HWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE	VPD	XX Change ☐ Addition
NAME	JOHANSEN, DOUGLAS	4.2 NAME	James Ryan, Esq.	
STREET ADDRESS	933-45TH ST/BLOOD BANK	4.3 STREET ADDRESS	701 U.S. Highway I, Ste. 402	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: J E Siedlik Lawrence E. Siedlik 2/21/95 407-820-4128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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