

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N04990 (0)

1. Corporation Name

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



Principal Place of Business

2751 S.DIXIE HWY.
W PALM BCH FL 33405-1233

Mailing Address

2751 S.DIXIE HWY.
W PALM BCH FL 33405-1233

3. Date Incorporated or Qualified

09/06/1984

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HOWDEN, GALE G.
STREET ADDRESS 2751 S DIXIE HWY
CITY-ST-ZIP W PALM BCH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME SIEDLIK, LAWRENCE
STREET ADDRESS 2751 S DIXIE HWY
CITY-ST-ZIP W PALM BCH FL

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME DANIELSON, LON
STREET ADDRESS 2751 S DIXIE HWY
CITY-ST-ZIP W PALM BCH FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME RYAN, JAMES
STREET ADDRESS 701 US HWY 1 STE 402
CITY-ST-ZIP NORTH PALM BEACH FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lawrence E. Siedlik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (407)820-4128
Date Daytime Phone #

CR2E037 (12/95)