

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N09863 (4)
 1. Corporation Name
PATHWAYS FOR YOUTH AND FAMILIES, INC.



Principal Place of Business 333 S.W. 28TH ST FT. LAUDERDALE FL 33315 US	Mailing Address 333 S.W. 28TH ST FT. LAUDERDALE FL 33315 US
--	--

3. Date Incorporated or Qualified 06/17/1985	
4. FEI Number 59-2564475	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1001 S. Andrews Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 1001 S. Andrews Ave. Suite, Apt. #, etc.		
22 City & State 23 Ft. Lauderdale, Fl.	27 City & State 28 Ft. Lauderdale, Fl.		
24 Zip 33316	25 Country US	29 Zip 33316	30 Country US

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
WORLDWIDE CORPORATE SERVICES INC.
ONE FINANCIAL PLAZA
STE. 2628
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ 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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, MARTIN	1.2 NAME	Martin Jaffe
STREET ADDRESS	3111 STIRLING RD.	1.3 STREET ADDRESS	1001 S. Andrews Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVO, CARYN GOLDENBE	2.2 NAME	Caryn Goldenberg Carvo
STREET ADDRESS	4875 N. FEDERAL HWY, 7TH FLOOR	2.3 STREET ADDRESS	1001 S. Andrews Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOBER, MARA	3.2 NAME	Mara Gober
STREET ADDRESS	3072 OLD STILL LANE	3.3 STREET ADDRESS	1001 S. Andrews Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, 33316
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDENBERG, STEPHEN	4.2 NAME	Stephen Goldenberg
STREET ADDRESS	1 FINANCIAL PLAZA STE 2626	4.3 STREET ADDRESS	1001 S. Andrews Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, MURIEL	5.2 NAME	Jeff Thomas
STREET ADDRESS	340 SUNSET DR #806	5.3 STREET ADDRESS	1001 S. Andrews Ave.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANGERTER, SHANNON	6.2 NAME	Paula Revene
STREET ADDRESS	617 FIFTH KEY DR	6.3 STREET ADDRESS	1001 S. Andrews Ave.
CITY-ST-ZIP	FT LAUDERDALE FL 33304	6.4 CITY-ST-ZIP	Ft. Lauderdale, Fl. 33316

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.

SIGNATURE _____ DATE **1/28/98** (954)523-1847

CR2E037 (10/97)