

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001015

FILED  
Feb 06, 2011  
Secretary of State

Entity Name: PATHWAYS DROP IN CENTER, INC.

**Current Principal Place of Business:**

1313 30TH ST  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560942  
ORLANDO, FL 328560942 US

**New Mailing Address:**

FEI Number: 59-3180070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KULL, III, JOHN N PRESIDE  
1812 DORRIS DR.  
ORLANDO, FL 32807 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  
Name: KULL, J. NELSON  
Address: 1812 DORIS DR.  
City-St-Zip: ORLANDO, FL 328076336 US

Title: D  
Name: MENDOZA, JOSEPH MR.  
Address: 4164 PITCH PINE CIRCLE  
City-St-Zip: ORLANDO, FL 32765 US

Title: C  
Name: POLK, SR., CHRISTOPHER V  
Address: 1315 37TH STREET  
City-St-Zip: ORLANDO, FL 32839 US

Title: D  
Name: ADAMS, DEANNE MS.  
Address: 1086 B EAST MICHIGAN STREET  
City-St-Zip: ORLANDO, FL 32806 US

Title: D  
Name: HELSEL, DONNA  
Address: 8161 VIA ROSSA  
City-St-Zip: ORLANDO, FL 32836 US

Title: D  
Name: PEALER, LINDA MS.  
Address: 1312 AZALEA WAY  
City-St-Zip: WINTER GARDEN, FL 34787 US

I hereby 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 all other like empowered.

SIGNATURE: J. NELSON KULL, III

PRES

02/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date