

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001015

FILED
Feb 04, 2012
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

PRES

02/04/2012

Electronic Signature of Signing Officer or Director

Date