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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763935

1. Corporation Name

LIFEPATH, INC.

Principal Place of Business

**3010 W AZEELE ST
TAMPA FL 33609**

Mailing Address

**3010 W AZEELE ST
TAMPA FL 33609**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/28/1982

4. FEI Number

59-2264957

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

9. Name and Address of Current Registered Agent

**FERNANDEZ, KATHY L
3010 W AZEELE ST
TAMPA FL 33609**

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 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

TITLE

D

☒ DELETE

NAME

CHAMBERS, REV. LARRY

STREET ADDRESS

910 BRYAN ROAD

CITY-ST-ZIP

BRANDON FL

TITLE

D

☒ DELETE

NAME

DETKE, MAX C.

STREET ADDRESS

4439 VIEUX CARRE CIRCLE

CITY-ST-ZIP

TAMPA FL

TITLE

D

☒ DELETE

NAME

REDDY, FREDERICK

STREET ADDRESS

4927 B RIVERSHORE DRIVE

CITY-ST-ZIP

TAMPA FL

TITLE

D

☒ DELETE

NAME

WALLER, LAURA

STREET ADDRESS

100 N TAMPA STREET, SUITE 2930

CITY-ST-ZIP

TAMPA FL

TITLE

TD

☐ DELETE

NAME

ZARATE, RENE J

STREET ADDRESS

2303 SUNVIEW AVENUE

CITY-ST-ZIP

VALRICO FL 33594

TITLE

DS

☐ DELETE

NAME

BROWNING, BARBARA

STREET ADDRESS

PO BOX 1214 N/A

CITY-ST-ZIP

TAMPA FL 33601

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change

☐ Addition

1.2 NAME

Richard Ludwig

1.3 STREET ADDRESS

702 North Franklin Street

1.4 CITY-ST-ZIP

Tampa, FL 33602

2.1 TITLE

D

☒ Change

☐ Addition

2.2 NAME

Molly Crews

2.3 STREET ADDRESS

3707 West Cherry Street

2.4 CITY-ST-ZIP

Tampa, FL 33607

3.1 TITLE

D

☒ Change

☐ Addition

3.2 NAME

Victor Leavengood

3.3 STREET ADDRESS

4516 Sylvan Ramble

3.4 CITY-ST-ZIP

Tampa, FL 33609

4.1 TITLE

D

☒ Change

☐ Addition

4.2 NAME

Nancy Wells

4.3 STREET ADDRESS

12902 Magnolia Drive

4.4 CITY-ST-ZIP

Tampa, FL 33612

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
E. Carl Douglas / CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

813-877-2200

Daytime Phone #

CR2E037 (11/98)