


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000004467 1. Entity Name PATHWAY OF LAKELAND, INC.	
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Principal Place of Business 1942 W MEMORIAL BLVD LAKELAND, FL 33815	Mailing Address 1942 W MEMORIAL BLVD LAKELAND, FL 33815
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**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3727351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TIDWELL, CORBETT 1942 W MEMORIAL BLVD LAKELAND, FL 33815	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JUSTUS, GERALD T 1942 W MEMORIAL BLVD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROWN, RAY 3706 PALM ROAD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIS, WILLIAM JAMES 4104 CROWE PL LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIS, WADE 4320 DAISY LANE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000036012  
02/06/04-80041-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gerald T. Justus Gerald T. Justus 1-22-04 863-687-1942  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #