

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-09-2005 90280 026 ****61.25

DOCUMENT # N01000004467 1. Entity Name PATHWAY OF LAKELAND, INC.					
Principal Place of Business 1942 W MEMORIAL BLVD LAKELAND FL 33815			Mailing Address 1842 W MEMORIAL BLVD LAKELAND FL 33815		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3727351	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIDWELL, CORBETT 1942 W MEMORIAL BLVD LAKELAND FL 33815				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature is typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P JUSTUS, GERALD T ☐ Delete 1842 W MEMORIAL BLVD LAKELAND FL 33815				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T BROWN, RAY ☐ Delete 3706 PALM ROAD LAKELAND FL 33810				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HARRIS, WILLIAM JAMES ☐ Delete 4104 CROWE PL LAKELAND FL 33810				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HARRIS, WADE ☐ Delete 4320 DAISY LANE LAKELAND FL 33810				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
12. 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 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: <i>Gerald T. Justus</i> GERALD T. JUSTUS 5-31-05 863-687-1942 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					