

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000004467

1. Entity Name
PATHWAY OF LAKE LAND, INC.



Principal Place of Business
**1942 W MEMORIAL BLVD
LAKE LAND, FL 33815**

Mailing Address
**1942 W MEMORIAL BLVD
LAKE LAND, FL 33815**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3727351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TIDWELL, CORBETT
1942 W MEMORIAL BLVD
LAKE LAND, FL 33815**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JUSTUS, GERALD T
1942 W MEMORIAL BLVD
LAKE LAND, FL 33815**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, RAY
3706 PALM ROAD
LAKE LAND, FL 33810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HARRIS, WILLIAM JAMES
4104 CROWE PL
LAKE LAND, FL 33810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HARRIS, WADE
4320 DAISY LANE
LAKE LAND, FL 33810**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/17/06-80056-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Corbett Tidwell
CORBETT TIDWELL

Date

1/11/06 687-2971

Daytime Phone #