

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90020 002 ****70.00

DOCUMENT # N05000003770 1. Entity Name A PATHFINDER CHURCH, INC.					
Principal Place of Business 13927 PATHFINDER DRIVE TAMPA, FL 33625 US			Mailing Address 13927 PATHFINDER DRIVE TAMPA, FL 33625 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0736961	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WILSON, ROXANNE 13927 PATHFINDER DRIVE TAMPA, FL 33625			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROHWERK, JO 13927 PATHFINDER DRIVE TAMPA, FL 33625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / VP FROHWERK, JO 13927 PATHFINDER DR TAMPA, FL 33625	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUHRMANN, NANCY 18318 CYPRESS COVE ROAD LUTZ, FL 33549	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VICTORIA, JORGENSEN 11311 N. HAMMER AVE. TAMPA, FL 33612	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANALES, ZACK 8521 ROBIN HOOD DRIVE TAMPA, FL 33615	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WAYNE BALLARD 8521 Robin Hood Dr TAMPA, FL 33615	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, GERADO 2515 GREENMORE PLACE TAMPA, FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JANICE K WILDER 4014 W. McKay Ave. TAMPA, FL 33609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAMELA J NELSON 4014 W. McKay Ave. TAMPA, FL 33609	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7/6/08 Treasurer Date Daytime Phone #		