

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004467

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: PATHWAY OF LAKELAND, INC.

**Current Principal Place of Business:**

1942 W MEMORIAL BLVD  
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

1942 W MEMORIAL BLVD  
LAKELAND, FL 33815

**New Mailing Address:**

FEI Number: 59-3727351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TIDWELL, CORBETT  
1942 W MEMORIAL BLVD  
LAKELAND, FL 33815 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: JUSTUS, GERALD T  
Address: 1942 W MEMORIAL BLVD  
City-St-Zip: LAKELAND, FL 33815

Title: T ( ) Delete  
Name: BROWN, RAY  
Address: 3706 PALM ROAD  
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete  
Name: HARRIS, WILLIAM JAMES  
Address: 3105 GARDNER OAKS DR  
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete  
Name: HARRIS, WADE  
Address: 270 CESARA ESTATES LOOP  
City-St-Zip: MULBERRY, FL 33860

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD T. JUSTUS

PAST

04/14/2009

Electronic Signature of Signing Officer or Director

Date