

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740159

**Entity Name:** PEACEFUL PATHS, INC.**Current Principal Place of Business:**2100 NW 53RD AVENUE, SUITE A  
GAINESVILLE, FL 32653**Current Mailing Address:**2100 NW 53RD AVENUE, SUITE A  
GAINESVILLE, FL 32653**FEI Number:** 59-1809014**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEACHY, THERESA DR.  
2100 N.W. 53RD AVE, SUITE A  
GAINESVILLE, FL 32653 US*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:** DR. THERESA BEACHY

02/13/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PP
Name	DUTTON, JAY
Address	505 PORPOISE POINT DR.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	P
Name	VAUGHAN, LYNNE
Address	4130 NW 64TH ST.
City-State-Zip:	GAINESVILLE FL 32605

Title	T
Name	BURNS, PAM
Address	303 SW 140TH TERRACE
City-State-Zip:	GAINESVILLE FL 32669

Title	VP
Name	POE, LAUREN
Address	2001 NW 21ST ST.
City-State-Zip:	GAINESVILLE FL 32605

Title	ED
Name	BEACHY, THERESA DR.
Address	2100 NW 53RD AVE, SUITE A
City-State-Zip:	GAINESVILLE FL 32653

Title	S
Name	HOFFMAN, LESLIE
Address	8739 SW 74TH PLACE
City-State-Zip:	GAINESVILLE FL 32608

*I hereby 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 all other like empowered.*

**SIGNATURE:** DR. THERESA BEACHY**EXECUTIVE DIRECTOR**

02/13/2013

Electronic Signature of Signing Officer/Director Detail

Date