

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000277

Entity Name: PATHWAYS TO CARE, INC.**Current Principal Place of Business:**430 PLUMOSA AVE.
CASSELBERRY, FL 32707**Current Mailing Address:**430 PLUMOSA AVE.
CASSELBERRY, FL 32707**FEI Number:** 41-2025064**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BURANOSKY, JOSEPH F
1819 N. SEMORAN BLVD
ORLANDO, FL 32807 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:** JOSEPH F. BURANOSKY

02/03/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HOGUE, JAMES
Address	1065 RAINIER DR.
City-State-Zip:	ALTAMONTE SPRINGS FL 31714

Title	VP
Name	BLUETT, JOHN JREV
Address	575 TUSKAWILLA ROAD
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	BOWERS, ROX ANNE
Address	4466 JOHN YOUNG PARKWAY
City-State-Zip:	ORLANDO FL 32804

Title	T
Name	ASTA, RICHARD
Address	2200 LUCIEN WAY #350
City-State-Zip:	MAITLAND FL 32751

Title	S
Name	WALLACE, MARY
Address	110 SOUTH WOODLAND STREET
City-State-Zip:	WINTER GARDEN FL 34787

Title	D
Name	KAPROW, MAURICE S
Address	P.O. BOX 195233
City-State-Zip:	WINTER SPRINGS 32719

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: JAMES HOGUE

PRESIDENT

02/03/2013

Electronic Signature of Signing Officer/Director Detail

Date