

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006406

Entity Name: FLORIDA CAREER PATHWAYS NETWORK, INC.**Current Principal Place of Business:**1338 BADEN POWELL ROAD
HAWTHORNE, FL 32640**Current Mailing Address:**1338 BADEN POWELL ROAD
HAWTHORNE, FL 32640**FEI Number:** 20-0737270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONROE, BILLIE
1338 BADEN POWELL ROAD
HAWTHORNE, FL 32640 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	GRIFFIN, APRIL
Address	C/O HCPS 901 E KENNEDY BLVD
City-State-Zip:	TAMPA FL 33602

Title	S
Name	PARKER, PRISCILLA
Address	C/O 3000 NW 83RD ST.
City-State-Zip:	GAINESVILLE FL 32606

Title	T
Name	MONROE, BILLIE
Address	1338 BADEN POWELL ROAD
City-State-Zip:	HAWTHORNE FL 32640

Title	V
Name	ABRAMS, HARRIETT
Address	C/O TCC 444 APPELYARD DRIVE
City-State-Zip:	TALLAHASSEE FL 32304

Title	V
Name	PALMER, NICOLE
Address	C/O VCC 190 S ORANGE AVE
City-State-Zip:	ORLANDO FL 32801

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: BILLIE MONROE**TREASURER****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date