

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008817

**Entity Name:** PATHWAY 2 SUCCESS, INC.

**Current Principal Place of Business:**

4604 49TH ST NORTH  
#30  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

4604 49TH ST NORTH  
#30  
ST. PETERSBURG, FL 33709

**FEI Number:** 27-0839899

**Certificate of Status Desired:** Yes

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

SMITH, JUSTIN L  
4604 49TH ST NORTH  
#30  
ST. PETERSBURG, FL 33709 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 COO, EXECUTIVE DIRECTOR  
Name JACKSON, CHRISTOPHER A  
Address 4604 49TH ST NORTH #30  
City-State-Zip: ST. PETERSBURG FL 33709

Title PRESIDENT  
Name SMITH, JUSTIN L  
Address 2929 DESOTO WAY SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title SECRETARY  
Name DAVIS, DEMEKISA S  
Address 738 LAKE MAGGIORE BLVD.  
City-State-Zip: SAINT PETERSBUG FL 33705

Title BD  
Name JORDAN, ALEX  
Address 4614 WHITAIL PASS  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name BROWN, CALVIN  
Address 4062 42ND AVE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33709

Title D  
Name JONES , SHELTON M  
Address 2011 22ND STREET SOUTH  
City-State-Zip: SAINT PETERSBURG FL

*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: MR. CHRISTOPHER A. JACKSON**

**EXECUTIVE DIRECTOR**

**01/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date