

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000799

**Entity Name:** ALL PATHS TO GOD, INC.

**Current Principal Place of Business:**

807 OJAI AVENUE  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

807 OJAI AVENUE  
SUN CITY CENTER, FL 33573 US

**FEI Number:** 45-4224176

**Certificate of Status Desired:** Yes

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

SHAYMAN, INEZ  
650 FORT DUQUESNA  
SUN CITY CENTER, FL 33573 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            PRESIDENT  
Name            CAMERON, SHERI  
Address        703 FOX HILLS DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            SECRETARY  
Name            MEIXNER, NANCY SUE REV.  
Address        807 OJAI AVENUE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            TREASURER  
Name            ORMISTON, ALICE  
Address        804 OJAI AVENUE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            BLESER, LINDA  
Address        2102 WESTVIEW  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            MADIGAN, DENISE REV.  
Address        1727 COCO PALM CIRCLE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            HOBBS, SUNNY REV.  
Address        2028 BERRY ROBERTS DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            WRIGHT, CAROLE  
Address        321 KNOTTWOOD COURT  
City-State-Zip: SUN CITY CENTER FL 33573

Title            DIRECTOR  
Name            SHAYMAN, INEZ GERI  
Address        650 FT. DUQUESNA DRIVE  
City-State-Zip: SUN CITY CENTER FL 33573

*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:** REV. NANCY SUE MEIXNER

**SECRETARY**

**05/01/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date