

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001015

**Entity Name:** PATHWAYS DROP IN CENTER, INC.**Current Principal Place of Business:**1313 30TH ST  
ORLANDO, FL 32805**Current Mailing Address:**P.O. BOX 560942  
ORLANDO, FL 32856-0942 US**FEI Number: 59-3180070****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KULL, III, JOHN NPRESIDE  
1812 DORRIS DR.  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	KULL, J. NELSON
Address	1812 DORIS DR.
City-State-Zip:	ORLANDO FL 32807-6336

Title	D
Name	HELSEL, DONNA
Address	8161 VIA ROSSA
City-State-Zip:	ORLANDO FL 32836

Title	DIRECTOR
Name	KEES, LINDA
Address	1317 30TH STREET APT A
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	ROUSSEAU, JODY
Address	1162 BALLYSHANNON PKWY
City-State-Zip:	ORLANDO FL 32828

Title	D
Name	MENDOZA, JOSEPH MR.
Address	4164 PITCH PINE CIRCLE
City-State-Zip:	ORLANDO FL 32765

Title	DIRECTOR
Name	CHEEKS, ROY
Address	595 WEST CHURCH STREET
City-State-Zip:	ORLANDO FL 32805

Title	CHAIRMAN
Name	JAMES, ROBERT
Address	1800 MERCY DRIVE
City-State-Zip:	ORLANDO FL 32808

*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: J. NELSON KULL, III****PRESIDENT****03/18/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date