

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111956

Entity Name: C3 PATHWAYS, INC.**Current Principal Place of Business:**273 AULIN AVE.
SUITE 1015
OVIEDO, FL 32765**Current Mailing Address:**273 AULIN AVE.
SUITE 1015
OVIEDO, FL 32765 US**FEI Number:** 20-1467806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GODFREY, WILLIAM M
273 AULIN AVE.
SUITE 1015
OVIEDO, FL 32765 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	GODFREY, WILLIAM M
Address	4704 FAUST CT
City-State-Zip:	ORLANDO FL 32817

Title	DIRECTOR
Name	GODFREY, DIANE L
Address	4704 FAUST CT
City-State-Zip:	ORLANDO FL 32817

Title	VP
Name	AGAN, DAVID C
Address	433 HEATHERTON COURT
City-State-Zip:	DEBARY FL 32713

Title	SECRETARY, TREASURER
Name	JOHNSON, JULIA R
Address	37650 CRAZY HORSE LANE
City-State-Zip:	EUSTIS FL 32736

Title	DIRECTOR
Name	OTTERBACHER, RONALD H.
Address	2822 TRENTWOOD BLVD.
City-State-Zip:	ORLANDO FL 32812

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM M. GODFREY**PRESIDENT****02/03/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date