## 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: SALLY SAXON

Electronic Signature of Signing Officer/Director Detail

04/06/2023 DIRECTOR, SEC'Y/TREAS

Date

GRIFFITH, DODY

3824 MISTY WAY DESTIN, FL 32541 US

#### SIGNATURE:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	DP	Title	DST
Name	GRIFFITH, DODY	Name	SAXON, SALLY
Address	3824 MISTY WAY	Address	174 WATERCOLOR WAY STE 103
City-State-Zip:	DESTIN FL 32541	City-State-Zip:	#345 SANTA ROSA BEACH FL 32459
Name	GRIFFITH, DENNIS		
Address	3824 MISTY WAY		
City-State-Zip:	DESTIN FL 32541		

## Certificate of Status Desired: No

# FILED Apr 06, 2023 Secretary of State 0272411016CC

Date

#### 2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1000003931

Entity Name: PATHFINDERS PLACE, INC.

## **Current Principal Place of Business:**

3824 MISTY WAY DESTIN, FL 32541

# **Current Mailing Address:**

174 WATERCOLOR WAY STE 103 #345 SANTA ROSA BEACH. FL 32459

# FEI Number: 36-4399690

# Name and Address of Current Registered Agent:

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.