

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754330

1. Entity Name

PATHWAYS COMMUNITY CHURCH, INC.

Principal Place of Business

10190 STARKEY ROAD
SEMINOLE FL 33777

Mailing Address

10190 STARKEY ROAD
SEMINOLE FL 33777-1717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2117419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARDEN, ROBERT W
10190 STARKEY RD.
SEMINOLE FL 33777

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PD
STREET ADDRESS LOSASSO, WILLIAM
CITY-ST-ZIP 12660 FRANK DR SOUTH
SEMINOLE FL 33776

TITLE ☐ Delete
NAME TD
STREET ADDRESS WARDEN, ROBERT
CITY-ST-ZIP 601 E ROSERY RD #2802
LARGO FL

TITLE ☐ Delete
NAME SD
STREET ADDRESS SIMPSON, MALORA
CITY-ST-ZIP 9700 STARKEY RD #214
SEMINOLE FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS JANTOMASO, MARC
CITY-ST-ZIP 14173 THACHER AVE
LARGO FL 33774

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9211 JAKES PATH
CITY-ST-ZIP LARGO, FL. 33771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Warden
Treasurer

Date

Daytime Phone #

4/26/00 (727) 394-645