

# 2002 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WARDEN, ROBERT W  
10190 STARKEY RD.  
SEMINOLE FL 33777

4. FEI Number

59-2117419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 PD  
NAME LOSASSO, WILLIAM  
STREET ADDRESS 12660 FRANK DR SOUTH  
CITY-ST-ZIP SEMINOLE FL 33778 ☐ Delete

TITLE TD  
NAME WARDEN, ROBERT  
STREET ADDRESS 9211 JAKES PATH  
CITY-ST-ZIP LARGO FL 33771 ☐ Delete

TITLE SD  
NAME SIMPSON, MALORA  
STREET ADDRESS 5411 PALM CREST CT.  
CITY-ST-ZIP PINELLAS PARK FL 33782 ☐ Delete

TITLE VD  
NAME SAYLOR, BRIAN  
STREET ADDRESS 6456 17TH AVE. NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33710 ☐ Delete

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  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS Bradshaw, Donna  
CITY-ST-ZIP 8194 83rd AVE. North  
SEMINOLE, FL. 33777

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  
Director of Finance

2/8/02 727-397-4707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)