

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754330

Entity Name: PATHWAYS COMMUNITY CHURCH, INC.

FILED
Mar 21, 2004
Secretary of State

Current Principal Place of Business:

10190 STARKEY ROAD
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

10190 STARKEY ROAD
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 59-2117419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARDEN, ROBERT W
10190 STARKEY RD.
SEMINOLE, FL 33777 US

Name and Address of New 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOSASSO, WILLIAM
Address: 12660 FRANK DR SOUTH
City-St-Zip: SEMINOLE, FL 33776

Title: TD () Delete
Name: WARDEN, ROBERT
Address: 13801 75TH AVENUE N
City-St-Zip: SEMINOLE, FL 33776

Title: SD () Delete
Name: BRADSHAW, DONNA
Address: 8194 83RD AVE NORTH
City-St-Zip: SEMINOLE, FL 33777

Title: VD () Delete
Name: SAYLOR, BRIAN
Address: 6456 17TH AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT WARDEN

TD

03/21/2004

Electronic Signature of Signing Officer or Director

Date