2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005
Secretary of State

DOCUMENT# 754330

Entity Name: PATHWAYS COMMUNITY CHURCH, INC.

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:	PD	(X) Change ( ) Addition
Name:	LOSASSO, WILLIAM	
Address:	11234 KAPOK GRAND CIRCLE	
City-St-Zip:	MADEIRA BEACH, FL 33705	
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 02/28/2005

Electronic Signature of Signing Officer or Director — Date