

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90015 003 ****61.25

DOCUMENT # 754330 1. Entity Name PATHWAYS COMMUNITY CHURCH, INC.			
Principal Place of Business 1390 SUNSET POINT ROAD CLEARWATER, FL 33755		Mailing Address 1390 SUNSET POINT ROAD CLEARWATER, FL 33755	
2. Principal Place of Business - No P.O. Box # 801 SEMINOLE BLVD Suite, Apt. #, etc.		3. Mailing Address 801 SEMINOLE BLVD Suite, Apt. #, etc.	
City & State LARGO, FL		City & State LARGO, FL	
Zip 33770		Zip 33770	
Country USA		Country USA	
4. FEI Number 59-2117419		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADSHAW, DONNA 1390 SUNSET POINT ROAD CLEARWATER, FL 33755		7. Name and Address of New Registered Agent Name BRADSHAW, DONNA Street Address (P.O. Box Number is Not Acceptable) 801 SEMINOLE BLVD City LARGO FL Zip Code 33770	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOSASSO, WILLIAM 11234 KAPOK GRAND CIRCLE MADEIRA BEACH, FL 33705	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHAEFFER, DAVE 9180 82nd AVE SEMINOLE, FL 33777
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD YOUNG, LARRY 8199 PERTH DRIVE LARGO, FL 33773	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRADSHAW, DONNA 8194 83RD AVE NORTH SEMINOLE, FL 33777	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTIN, SHEDRICK 1390 SUNSET POINT ROAD CLEARWATER, FL 33755	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. -I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Donna Bradshaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	