

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90190 034 ****61.25

DOCUMENT # 767620	
1. Entity Name THE RIGHT PATH, INC.	

Principal Place of Business 21 N. HEPBURN AVE SUITE 2 JUPITER, FL 33458	Mailing Address 21 N. HEPBURN AVE SUITE 2 JUPITER, FL 33458
--	--

04070017

2. Principal Place of Business 711 W. INDIANTOWN RD. Suite, Apt. #, etc. STE A-4 City & State JUPITER FL Zip 33458 Country USA	3. Mailing Address 711 W. INDIANTOWN RD. Suite, Apt. #, etc. A-4 City & State JUPITER FL Zip 33458 Country USA
---	---

03262004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2276085	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILEY, ROY 21 W HEPBURN AVE STE 20 JUPITER, FL 33458	7. Name and Address of New Registered Agent Name WILEY, ROY Street Address (P.O. Box Number is Not Acceptable) 711 W. INDIANTOWN RD., STE A-4 City JUPITER FL Zip Code 33458
---	--

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 Roy Wiley DATE 3.29.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	D WILEY, DONNA 224 OCEAN DUNES CIRCLE JUPITER, FL 33477 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASUSO, JOHN 11 LEXINGTON LANE EAST PALM BEACH GARDENS, FL 33410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABUSO, JOHN ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAREY, LILLIAN B 3342 SW HOSANNAH LANE SARASOTA, FL 34237 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Donna Wiley DATE 4/26/04 DAYTIME PHONE # 561 744-6235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR