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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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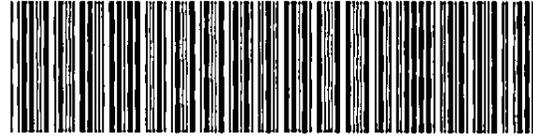
(Business Entity Name)

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AND  
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2022 JUN 24 PM 12:07  
OFFICE OF THE CLERK  
STATE OF MISSISSIPPI

JUN 24 2022

K. Brumbley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PATHWAYS TO THE WORLD, INC  
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Anita JOHNSON NAJIEB  
Name of Person

PATHWAYS TO THE WORLD, INC  
Firm/Company

NOT FOR PROFIT ORGANIZATION  
24 HARRISON AVE APT 1408  
Address

PANAMA CITY FL 32401  
City/State and Zip Code

ANITANAJIEB82@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita JOHNSON at (973) 985-7837  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. PATHWAYS TO THE WORLD, INC  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

PATHWAYS TO SOLUTIONS INC.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY 3. 27-3756698  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/1999 5. PERPETUAL  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 24 HARRISON AVE 1408 PANAMA CITY, FL 32401  
(Principal office street address)

24 HARRISON AVE Suite ~~1408~~ 1408  
(Current mailing address, if different)

8. PROVIDING EDUCATIONAL, SOCIAL AND CULTURAL ACTIVITIES FOR UNDERSERVED PEOPLE  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: ANITA JOHNSON NAJIB  
 Office Address: 24 HARRISON AVE Suite 1408  
Panama City, Florida 32401  
(City) (Zip Code)

2022 JUN 24 PM 12: 07  
 APPROVED AND FILED

10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Anita Johnson Najib  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

<input checked="" type="checkbox"/> Chairman	Name: <u>ANITA JOHNSON NATIEB</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>P.O. BOX 1275</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>PANAMA CITY, FL 32402</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input checked="" type="checkbox"/> Vice President	<u><del>AA LIYAH NATIEB</del></u>	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>P.O. BOX 1275</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>PANAMA CITY, FL</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	<u>32401</u>	<input type="checkbox"/> President	_____
<input checked="" type="checkbox"/> Vice President	<u>AA LIYAH NATIEB</u>	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Anita Johnson Natieb  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
ANITA JOHNSON NATIEB

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**PATHWAYS TO THE WORLD, INC.  
0100775070**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on March 12, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*ANITA JOHNSON NAJIEB  
109 WILLOWDALE AVENUE  
PO BOX 1103  
MONTCLAIR, NJ 07042*

*I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:*

<i>CHANGE OF REGISTERED OFFICE</i>	<i>11/13/2002</i>
<i>REMOVE REVOCATION DONE IN ERROR</i>	<i>12/06/2002</i>
<i>AMENDMENT</i>	<i>03/12/2003</i>
<i>CHANGE OF AGENT AND OFFICE</i>	<i>08/01/2008</i>
<i>CHANGE OF AGENT AND OFFICE</i>	<i>07/12/2017</i>
<i>Annual Report Filing with address change</i>	<i>07/12/2017</i>

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**PATHWAYS TO THE WORLD, INC.  
0100775070**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
21st day of June, 2022*

*Elizabeth Maher Muoio  
State Treasurer*

*Certificate Number : 6133134845*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCertiJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCertiJSP/Verify_Cert.jsp)*