2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State
07-27-2004 90037 025 ****70.00

DOCUMENT # N00000001817

1. Entity Name
PATHWAYS TO INDEPENDENCE, INC.

Principal Place of Business	Mailing Address
4360 NORTHLAKE BLVD. SUITE 107 PALM BEACH GARDENS, FL 33410 US	4360 NORTHLAKE BLVD. SUITE 107 PALM BEACH GARDENS, FL 33410 US

56431300

07212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0992621 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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 September 8, 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	T HARRISON, MARION 632 KALMIA DR. LAKE PARK, FL 33403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Harrison, marion 632 Kalmia Dr Lake Park, Fl. 33403	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUECHELE, JON 8749 CITATION DRIVE PALM BEACH GARDENS, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Buechele, Jon 8749 citation Dr Palm Beach Gardens, Fl. 33418	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENNEY, JEANNE 8749 CITATION DRIVE PALM BEACH GARDENS, FL 33418	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donna MaHeady 13019 Coastal Cir. Palm Beach Gardens Fl. 33410	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CIARAMELLA, FRANK 6168 WINDING LAKE DR JUPITER, FL 33458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Caryn St. John (5) 1081 Singer Drive Singer Island	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BACCARI, PAT 1700 S. ESTRELLA CT WEST PALM BEACH, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, WAYNE 632 W. KALMIA DR WEST PALM BEACH, FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Susan Levine 79 Ironwood Way N. Palm Beach Gardens Fl 33410	☐ 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: Sue Buechele E.D. 7/15/04 626-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]
If the check[redacted]
Block 12.

Attachment 66431586

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 29, 2004

PATHWAYS TO INDEPENDENCE, INC.
4360 NORTHLAKE BLVD.
SUITE 107
PALM BEACH GARDENS, FL 33410 US

Subject: **PATHWAYS TO INDEPENDENCE, INC.**

Reference Number: **N00000001817**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH
ANNUAL REPORTS SECTION