2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# N00000001817

Entity Name: PATHWAYS TO INDEPENDENCE, INC.

Current Principal Place of Business:

4360 NORTHLAKE BLVD.
SUITE 107
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

4360 NORTHLAKE BLVD.
SUITE 107
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 65-0992621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: D ( ) Delete
Name: BAKER, KAREN MRS.
Address: 5008 WHISPERING HOLLOW DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: P ( ) Delete
Name: GAGNE, MARC MR.
Address: 3815 38TH WAY
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: VP ( ) Delete
Name: MAHEADY, DONNA DR.
Address: 13019 COASTAL CIR
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: T ( ) Delete
Name: MORSE, WENDELL MR.
Address: 12815 SOUTH SHORE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D ( ) Delete
Name: WILLIAMS, RONALD MR.
Address: 4321 DAWNRIDGE ST.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: S ( ) Delete
Name: ST. JOHN, CARYN MRS.
Address: 1081 SINGER DRIVE
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: SUE BUECHELE E.D. 07/10/2008

Electronic Signature of Signing Officer or Director — Date