

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001817

FILED  
Jan 06, 2010  
Secretary of State

**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)**

**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  
**Name:** BAKER, KAREN MRS.  
**Address:** 5008 WHISPERING HOLLOW DRIVE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418 US

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

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

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

**Title:** D  
**Name:** WILLIAMS, RONALD MR.  
**Address:** 4321 DAWN RIDGE ST.  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

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

I hereby 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 all other like empowered.

**SIGNATURE:** SUE BUECHELE

E.D.

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date