FILED 2003 NOT-FOR-PROFIT CORPORATION May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # N0000001817 05-05-2003 90714 016 ****70.00 PATHWAYS TO INDEPENDENCE, INC. Principal Place of Business Mailing Address ~~~~1 4360 NORTHLAKE BLVD. 4360 NORTHLAKE BLVD. **SUITE 106** SUITE 106 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 cipal Place of Busines CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0992621 Applied For Not Applicable \$8.75-Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be \Box Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE į, TITLE ☐ Change ☐ Addition Delete HARRISON, MARION NAME NAME STREET ADDRESS 632 KALMIA DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33403 TIT! F ☐ Delete ☐ Addition TITLE ☐ Change **BUECHELE, JON** NAME NAME STREET ADDRESS 8749 CITATION DRIVE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition PENNEY, JEANNE NAME NAME STREET ADDRESS 8749 CITATION DRIVE STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME CIARAMELLA, FRANK NAME 6168 WINDING LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 TITLE Delete TITLE ☐ Change ☐ Addition BACCARI, PAT NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

1700 S. ESTRELLA CT

JOHNSON, WAYNE

632 W. KALMIA DR

WEST PALM BEACH FL 33410

WEST PALM BEACH FL 33403

Delete

Sel-lello-ldoll

Change

☐ Addition