

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90029 035 ****70.00

DOCUMENT # N01000005844 1. Entity Name PATHWAYS TO PROGRESS, INC.					
Principal Place of Business 3455 26TH AVE SOUTH ST PETERSBURG, FL 33711			Mailing Address 3455 26TH AVE SOUTH ST PETERSBURG, FL 33711		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-5069449	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YORK, DEBORAH D 6869 100TH AVENUE PINELLAS PARK, FL 33872					
7. Name and Address of New Registered Agent Name <u>Roundtree, Nathaniel A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4615 Columbus Way So.</u> City <u>St. Petersburg</u> FL <u>33712-4130</u>					
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 <u>Nathaniel A. Roundtree</u> 07/08/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee Is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, SIDNEY P		NAME	Johnson, La Verne	
STREET ADDRESS	2161 67TH AVE SO TH		STREET ADDRESS	1229 63rd Terr. So.	
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYES, RUBEN C		NAME		
STREET ADDRESS	1636 PRESTON ST. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, DEBORAH D		NAME		
STREET ADDRESS	6869 100TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33782		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, ARLETHA		NAME		
STREET ADDRESS	2711 QUEEN ST SO		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUNDTREE, NATHANIEL A		NAME		
STREET ADDRESS	4615 COLUMBUS WAY SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	Johnson, La Verne	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1229 63rd Terr. So.		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attached sheet with an address, with all other like empowered.					
SIGNATURE: <u>Ruben C. Mayes</u> 07/13/08 727-895-9026 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					