

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000277

FILED
Jan 03, 2008
Secretary of State

Entity Name: PATHWAYS TO CARE, INC.

Current Principal Place of Business:

430 PLUMOSA AVE.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

430 PLUMOSA AVE.
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 41-2025064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUTIER, HAGGEO
430 PLUMOSA AVE
CASSELBERRY, FL 32707 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: PD () Delete
Name: ROSENTHAL, ASHLEY
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: BLUETT, JOHN J
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: BARRETT, JOHN
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: ASTA, RICHARD
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: BORKHOLDER, KATHI
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

Title: EXO () Delete
Name: GAUTIER, HAGGEO
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WARTSKI, DONNA
Address: 430 PLUMOSA AVENUE
City-St-Zip: CASSELBERRY, FL 32707

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

Title: () Change () Addition
Name:
Address:
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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: HAGGEO GAUTIER

EXO

01/03/2008

Electronic Signature of Signing Officer or Director

Date