## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000277

FILED Feb 09, 2011 Secretary of State

Entity Name: PATHWAYS TO CARE, INC.

Current Principal Place of Business: New Principal Place of Business:

430 PLUMOSA AVE. CASSELBERRY, FL 32707

Current Mailing Address: New Mailing Address:

430 PLUMOSA AVE. CASSELBERRY, FL 32707

FEI Number: 41-2025064 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NELSON, ARNE J 1819 N. SEMORAN BLVD ORLANDO, FL 32807 US

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:**

Γitle: CH

Name: HOGE, JAMES

Address: 443 TIMBER RIDGE DRIVE City-St-Zip: LONGWOOD, FL 32779

Title: VD

 Name:
 BLUETT, JOHN J REV

 Address:
 575 TUSKAWILLA ROAD

 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title:

Name: BOWERS, ROX ANNE Address: 4466 JOHN YOUNG PARKWAY

City-St-Zip: ORLANDO, FL 32804

Title: T

 Name:
 ASTA, RICHARD

 Address:
 2200 LUCIEN WAY #350

 City-St-Zip:
 MAITLAND, FL 32751

Title:

Name: WALLACE, MARY

Address: 110 SOUTH WOODLAND STREET City-St-Zip: WINTER GARDEN, FL 34787

Title:

Name: PRIETO, MIGUEL A
Address: 1750 PROSPECT AVENUE
City-St-Zip: ORLANDO, FL 32814

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: ARNE J. NELSON PR 02/09/2011