


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000001184</b> 1. Entity Name <b>INTERFAITH PATHWAYS, INC.</b>	
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Principal Place of Business <b>13585 BARBERRY DRIVE WELLINGTON, FL 33414</b>	Mailing Address <b>13585 BARBERRY DRIVE WELLINGTON, FL 33414</b>
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**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>11-3039607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAM, MARLA R  
13585 BARBERRY DRIVE  
WELLINGTON, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABRAHAM, MARLA R 13585 BARBERRY DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABRAHAM, WILLIAM M 13585 BARBERRY DR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABRAHAM, MARNIE 13585 BARBERRY DR WELLINGTON, FL 33414
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000000244577  
02/26/05-80027-007 61.25

**DO NOT WRITE  
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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.

SIGNATURE: *Marla R. Abraham* 2/23/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #