

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

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001184**

1. Entity Name

INTERFAITH PATHWAYS, INC.



Principal Place of Business

13585 BARBERRY DRIVE  
WELLINGTON, FL 33414

Mailing Address

13585 BARBERRY DRIVE  
WELLINGTON, FL 33414

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

11-3039607

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** 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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO
NAME	ABRAHAM, MARLA R
STREET ADDRESS	13585 BARBERRY DR
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	ABRAHAM, WILLIAM M
STREET ADDRESS	13585 BARBERRY DR
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D
NAME	ABRAHAM, MARNIE
STREET ADDRESS	13585 BARBERRY DR
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1101001491336  
04/19/06-80017-008 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

3/27/06 (561) 792-9374