

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000001463**

1. Entity Name  
PATHWAY TO JOY MINISTRIES, INC.



Principal Place of Business  
1415 WILEY ST  
HOLLYWOOD, FL 33020

Mailing Address  
1415 WILEY ST  
HOLLYWOOD, FL 33020



04202008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-0995916

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BARB, VALENTIN  
1415 WILEY ST  
HOLLYWOOD, FL 33020

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BUCUR, CORNEL  
STREET ADDRESS 3578 DUNES VISTA DR  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE PD  
NAME BUCUR, CORNEL  
STREET ADDRESS 3587 DUNES VISTA DR.  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE TS  
NAME BARB, VALENTIN  
STREET ADDRESS 1415 WILEY ST  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE D  
NAME BUCUR, KAREN  
STREET ADDRESS 3587 DUNES VISTA DR.  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D  
NAME LOWE, CHET  
STREET ADDRESS 6414 HWY 93 S  
CITY-ST-ZIP WHITEFISH, MT 59937

TITLE D  
NAME SAUDER, DOUG  
STREET ADDRESS 4430 NW 64TH TERR.  
CITY-ST-ZIP LAUDERHILL, FL 33319

U000000320407  
05/14/08-80043-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VALENTIN BARB  
TREASURER

04/20/08

Date

954-925-8489

Daytime Phone #