2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N02000001463

Entity Name: PATHWAY TO JOY MINISTRIES, INC.

Current Principal Place of Business:

1415 WILEY ST
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1415 WILEY ST
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 33-0995916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARB, VALENTIN
1415 WILEY ST
HOLLYWOOD, FL 33020 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: BUCUR, CORNEL
Address: 3578 DUNES VISTA DR
City-St-Zip: POMPANO BEACH, FL 33069

Title: PD ( ) Delete
Name: BUCUR, CORNEL
Address: 3587 DUNES VISTA DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: TS ( ) Delete
Name: BARB, VALENTIN
Address: 1415 WILEY ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: BUCUR, KAREN
Address: 3587 DUNES VISTA DR.
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: LOWE, CHET
Address: 6414 HWY 93 S
City-St-Zip: WHITEFISH, MT 59937

Title: D ( ) Delete
Name: SAUDER, DOUG
Address: 4430 NW 64TH TERR.
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BUCUR, CORNEL
Address: 1415 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: PD (X) Change ( ) Addition
Name: BUCUR, CORNEL
Address: 1415 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: D (X) Change ( ) Addition
Name: BUCUR, KAREN
Address: 1415 WILEY STREET
City-St-Zip: HOLLYWOOD, FL 33020

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: VALENTIN BARB TS 01/29/2009
Electronic Signature of Signing Officer or Director — Date