

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004314

FILED
Apr 21, 2005
Secretary of State

Entity Name: PATH MINISTRIES, INC.

Current Principal Place of Business:

8751 S.W. 10TH STREET
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

8751 S.W. 10TH STREET
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 61-1422108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALLIMORE, DANIEL G
8751 S.W. 10TH STREET
PEMBROKE PINES, FL 33025 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: D () Delete
Name: GALLIMORE, DANIEL G
Address: 8751 S.W. 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: GALLIMORE, YVONNE G
Address: 8751 S.W. 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: JACKSON, CLOTHIEL D
Address: 7848 BILTMORE BLVD.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: WILLIAMS, OWEN A
Address: 1130 NW 200 ST.
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JACKSON, CLOTHIEL D
Address: 10280 SW 18 STREET
City-St-Zip: MIRAMAR, FL 33025

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL G GALLIMORE

D

04/21/2005

Electronic Signature of Signing Officer or Director

Date