

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002088

FILED
Sep 01, 2005
Secretary of State

Entity Name: PATHWAY TO CHRIST MINISTRIES INC.

Current Principal Place of Business:

2187 SOTH COMBE RD
LAKELAND, FL 33801

New Principal Place of Business:

2187 SOUTH COMBE RD
LAKELAND, FL 33801

Current Mailing Address:

669 LAKEMONT DR
BRANDON, FL 33510

New Mailing Address:

FEI Number: 73-1667167 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDERSON, GREGORY
669 LAKEMONT DR
BRANDON, FL 33510 US

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: P () Delete
Name: ANDERSON, ELDER G
Address: 669 LAKEMONT DR
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: LLOYD, AFI BINTA REV.
Address: 3902 E HANNA AVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: NEWKIRT, ELDER TIGER
Address: 15420 LIVINGSTON AVE APT 1113
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: SULLIVAN, DENOISE
Address: 7400 NT. CENTRAL AVE
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: ANDERSON, SHEILA M
Address: 669 LAKEMONT DR
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: GREGORY ANDERSON

P

09/01/2005

Electronic Signature of Signing Officer or Director

Date