2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N03000002088

Entity Name: PATHWAY TO CHRIST MINISTRIES INC.

Current Principal Place of Business:

1204 E. 124TH AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P.O,. BOX 1235
SEFFNER, FL 33585

New Mailing Address:

FEI Number: 73-1667167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANDERSON, GREGORY
669 LAKEMONT DR
BRANDON, FL 33510 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:	P	( ) Delete
Name:	ANDERSON, GREGORY L	
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	
Title:	D	( ) Delete
Name:	ATKINS, JAMES E	
Address:	668 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:	
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 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: GREGORY L. ANDERSON P 04/16/2007

Electronic Signature of Signing Officer or Director — Date