2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N04000006144

Entity Name: RECOVERY PATH FOUNDATION INC.

Current Principal Place of Business:

PO BOX 130140
TAMPA, FL 336110140

New Principal Place of Business:

908 W. HORATIO
SUITE A
TAMPA, FL 33606

Current Mailing Address:

PO BOX 130140
TAMPA, FL 336110140

New Mailing Address:

908 W. HORATIO
SUITE A
TAMPA, FL 33606

FEI Number: 37-1489689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MIGLIOZZI, LESLIE J
3303 W EMPERADRADO UNIT 4
TAMPA, FL 33629 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: MCCLEOD, TIMOTHY P
Address: 60 W STONE LOOP UNIT 1515
City-St-Zip: TUCSON, AZ 85704

Title: P ( ) Delete
Name: MIGLIOZZI, LESLIE J
Address: 3303 W EMPERDRADO UNIT 4
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: SUNICH, MICHAEL DR.
Address: PO BOX 130140
City-St-Zip: TAMPA, FL 33611

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: SEC ( ) Change (X) Addition
Name: CAROL, WHEELER
Address: TACON AVE
City-St-Zip: TAMPA, FL 33606

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: LESLIE J. MIGLIOZZI P 05/05/2005

Electronic Signature of Signing Officer or Director — Date