

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 31, 2008
Secretary of State**

DOCUMENT# N04000010786

Entity Name: PATHWAYS RESIDENTIAL FACILITY INC.

Current Principal Place of Business:

5661 PACIFIC BLVD.
APT. 2609
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

5661 PACIFIC BLVD.
APT. 2609
BOCA RATON, FL 33433 US

New Mailing Address:

FEI Number: 20-1894395 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:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: MOFFETT, MS, ELIZABETH E
Address: 5661 PACIFIC BLVD., APT. 2609
City-St-Zip: WEST PALM BEACH, FL 33433

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

Title: D () Delete
Name: STRAUSS, HONEY
Address: 5661 PACIFIC BLVD., APT. 2609
City-St-Zip: BOCA RATON, FL 33433 US

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

Title: D () Delete
Name: ADAMCYZK, HAZEL
Address: 5661 PACIFIC BLVD., APT. 2609
City-St-Zip: BOCA RATON, FL 33433 US

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

Title: D () Delete
Name: WALCZAK, JOYCE
Address: 5661 PACIFIC BLVD., APT. 2609
City-St-Zip: BOCA RATON, FL 33433 US

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

Title: D (X) Delete
Name: WEBER, JOY
Address: 5661 PACIFIC BLVD., APT. 2609
City-St-Zip: BOCA RATON, FL 33433 US

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: ELIZABETH E. MOFFETT, LMHC

PVPS

05/31/2008

Electronic Signature of Signing Officer or Director

Date