2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# N05000001423

Entity Name: NAPLES PATHWAYS COALITION INC.

Current Principal Place of Business:

#464, 300 FIFTH AVENUE SOUTH
SUITE 101
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

#464, 300 FIFTH AVENUE SOUTH
SUITE 101
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-2833245 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONNESS, JOSEPH
1910 SEWARD AVENUE
NAPLES, FL 34109 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: HOUSH, RICHARD
Address: 160 SEVENTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 33014

Title: P ( ) Delete
Name: BONNESS, JOSEPH
Address: 6830 SANDALWOOD LANE
City-St-Zip: NAPLES, FL 34109

Title: SEC ( ) Delete
Name: NEWMAN, DOUG
Address: 2800 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34103

Title: TR ( ) Delete
Name: MARSHALL, DAVID
Address: 7541 CITRUS HILL LANE
City-St-Zip: NAPLES, FL 34109

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:

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: BRAD A GALBRAITH ATTY 04/19/2007

Electronic Signature of Signing Officer or Director — Date