


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003770 1. Entity Name A PATHFINDER CHURCH, INC.	
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Principal Place of Business 13927 PATHFINDER DRIVE TAMPA, FL 33625 US	Mailing Address 13927 PATHFINDER DRIVE TAMPA, FL 33625 US
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01202007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0736961	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, ROXANNE 13927 PATHFINDER DRIVE TAMPA, FL 33625

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Roxanne E. Wilson, Roxanne E. Wilson, minister 1/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROHWERK, JO 13927 PATHFINDER DRIVE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUHRMANN, NANCY 18318 CYPRESS COVE ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANALES, ZACK 8521 ROBIN HOOD DRIVE TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, GERADO 2515 GREENMORE PLACE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000624196
02/14/07-80022-002 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/07 833)541-1497
Date Daytime Phone #