

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004645

FILED
Apr 30, 2007
Secretary of State

Entity Name: NATURAL PATHWAYS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

PO BOX 442
LAKE HELEN, FL 32744

New Principal Place of Business:

150 S. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 442
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 27-0115008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLEY, JIMMIE L
150 S WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 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: SMALLEY, JIMMIE L
Address: 150 S WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: SMALLEY, MARILYN G
Address: 150 S WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: SMALLEY, MARK L
Address: 150 S WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: KROUTIL, LOUIS L
Address: 324 W PAWNEE ST
City-St-Zip: MEDFORD, OK 73759

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 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: JIMMIE L SMALLEY

MR

04/30/2007

Electronic Signature of Signing Officer or Director

Date