

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003270

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** EMPOWERING PATHS, INC.

**Current Principal Place of Business:**

237 FERNWOOD BLVD STE E  
FERN PK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

237 FERNWOOD BLVD STE E  
FERN PK, FL 32730

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FOY, BARBARA  
237 FERNWOOD BLVD STE E  
FERN PK, FL 32730 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: DP  
Name: DRISKELL, DEBBIE  
Address: 237 FERNWOOD BLVD STE E  
City-St-Zip: FERN PK, FL 32730

Title: DVS  
Name: GRIFFITHS, SCOTT C  
Address: 237 FERNWOOD BLVD STE E  
City-St-Zip: FERN PK, FL 32730

Title: DT  
Name: SADRI, PARISSA  
Address: 237 FERNWOOD BLVD STE E  
City-St-Zip: FERN PK, FL 32730

I hereby 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 all other like empowered.

SIGNATURE: BARBARA FOY

RA

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date