

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004852

FILED
Apr 29, 2009
Secretary of State

Entity Name: B.E.S.T. PATH CHARITIES INC.

Current Principal Place of Business:

1505 SO. 33RD TERRACE
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

1505 SO. 33RD TERRACE
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 56-2588071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VAN SKY, RALPH
1505 SO. 33RD TERRACE
HOLLYWOOD, FL 33021 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: PD () Delete
Name: VAN SKY, RALPH
Address: 1505 SO. 33RD TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD () Delete
Name: VAN SKY, DAVID
Address: 7510 CENTER BAY DR.
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VD () Delete
Name: VAN SKY, STEVEN
Address: 2333 ALBION ST
City-St-Zip: DENVER, CO 80207

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:

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: RALPH VAN SKY

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date